

ANGLIA RUSKIN UNIVERSITY

**FACULTY OF HEALTH, EDUCATION, MEDICINE AND SOCIAL
CARE**

**THE ROLE OF CULTURE AND BELIEFS IN HEALING: AN
ETHNOGRAPHY WITHIN AN INNER-CITY PENTECOSTAL
CHURCH**

GEOFFREY BADU AMOATENG

A thesis in partial fulfilment of the requirements of Anglia Ruskin University
for the degree of Doctor of Philosophy

Submitted: 24th January 2019

Acknowledgements

This study would not have been possible without the congregation at the Sanctuary Pentecostal Church. My special thanks to the Senior Pastor and all the congregation who made me feel welcome and part of the Church.

My thanks go to Professor Jenny Secker (retired) and Dr. Tim Schafer (retired) who were part of my supervisory team from the beginning of my journey until August 2017.

Thanks to Professor Carol Munn-Giddings and Dr Ceri Wilson for conducting the critical read of this work and providing excellent feedback and suggestions to help improve my work. I am also grateful to Professor Munn-Giddings for agreeing to be part of my supervisory team after Jenny and Tim's retirement.

I give my heartfelt gratitude to my first supervisor, Dr. Pauline Lane for her patience and continuous support throughout the completed phases of the journey to produce this thesis. Through her constructive feedback, encouragement and immeasurable understanding and support I have managed to attain this achievement.

Thanks to all my friends in my church home group for their words of encouragement from the beginning of my journey to the end. I cannot mention all of them, but I would like to give special thanks to my friend and home group leader, Keith Gardner, for his words of wisdom and continuous interest in my study, and Gwendoline Douglas for her encouragement and continuous questioning that gave me some 'food for thought' from the beginning to the end of my journey.

Last but certainly not the least, a very special thank you to my dear wife, Comfort, and my two daughters, Abigail and Samantha for being there for me every step of my journey to this end. You have been an inspiration to me and kept me going to the end of this journey. I would like to dedicate this work to my wife Comfort and daughters. I love you so much.

ANGLIA RUSKIN UNIVERSITY

ABSTRACT

FACULTY OF HEALTH, EDUCATION, MEDICINE AND SOCIAL CARE

DOCTOR OF PHILOSOPHY

THE ROLE OF CULTURE AND BELIEFS IN HEALING: AN ETHNOGRAPHY WITHIN AN
INNER-CITY PENTECOSTAL CHURCH

GEOFFREY BADU AMOATENG

January 2019

This ethnographic study investigated why people who originated from Sub-Saharan Africa, sought help for their health concerns from a Pentecostal Church in London. Through extended fieldwork and themed interviews with Church leaders and members of the congregation, the study identified that a central tenet of the belief system was that illness was attributed to the devil and healing ascribed to God.

The study examined the belief systems, symbolic acts and types of interventions conducted during healing services in the Church and identified how the body was constructed as a 'locus of struggle' between these spiritual forces. The Pastor was identified as a charismatic leader who played a very significant role in the healing but the congregation were also identified as being viscerally engaged in the healing process.

The study also identified that the need for healing was not merely a response to physical or mental illnesses - but it also sought to address other social forms of distress caused by personal, local and global factors. Moreover, the Church played an important role in enhancing well-being, by building a strong sense of community that helped to address some of the wider social determinants of health.

The study concluded that some people hold an aetiological model that accounts for illness and misfortune as existing in the spiritual world and that this may have implications for health practitioners supporting people from different cultures. Furthermore, the study identified that this London Pentecostal Church was considered to exist simultaneously in the local and global domains, as the church supports its Sub-Saharan African congregation and is part of a wider, global network of Pentecostal and charismatic churches.

Keywords: Pentecostalism, Culture, Embodied Healing, Locus of Control, Help Seeking, God, Devil, Ethnography.

Table of contents	
Acknowledgement	i
ABSTRACT	ii
Chapter 1: Introduction to the study	1
1.1 Introduction	1
1.1.1 The research question.....	1
1.1.2 Rationale for conducting the research	1
1.1.3 Aims and objectives of the research	2
1.2. About the researcher	2
1.2.1 Use of first person pronoun “I”	4
1.2.2 Introducing the chapters in this thesis.....	4
Chapter Two: Globalisation: African diaspora to Britain and post-colonial African migration to London	9
2.1 Introduction.....	9
2.1.1 Thinking about Sub-Saharan Africa (SSA).....	9
2.1.2 A map of Sub-Saharan Africa.....	11
2.2 African Migration into Europe: Slavery and colonisation.....	12
2.2.1 The Emergence of Mass Migration and Globalisation	12
2.2.2 Thinking about “Diaspora”	14
2.2.3 The African diaspora and Sub-Saharan African in my study.....	16
2.2.4 African Migration to the United Kingdom.....	17
2.2.5 African Diaspora in London.....	18
2.2.6 Summary.....	19
Chapter 3: Contextualising Spirituality, Religion and the Rise of Pentecostalism in Africa and the United Kingdom	20
3.1 Introduction.....	20
Part 1: Key Concepts	20
3.1.1 Thinking about ‘Religion’	20
3.1.2 Thinking about ‘Spirituality’	26
3.1.3 Summary	26
Part 2: The Rise of Christianity in Africa and the UK	27
3.2.1 Introduction.....	27
3.2.2 Pre-Christian African beliefs and practices.....	27
3.2.3 The rise of the church in Africa during the pre and post-colonial period	28
3.2.4 Summary.....	28
Part 3: Pentecostalism in Africa and the UK	29
3.3.1 Introduction.....	29
3.3.2 The rise of Pentecostal churches.....	30
3.3.3 Examining ‘classical’ ‘charismatic’ and ‘neo Pentecostal’/Pentecostalism	31
3.3.4 Reflection.....	36
3.3.5 The rise of Pentecostalism in Africa.....	37
3.3.6 Pentecostalism and African Politics.. ..	38
3.3.7 Pentecostalism in the United Kingdom.....	40
3.3.8 Reverse mission.....	42
3.3.9. Summary.....	46
Chapter 4: Reflecting on the role of culture and health beliefs.	47
4.1 Introduction.....	47
4.1.1 Thinking about ‘Culture’	47

4.1.2 Religion and healing in Africa.....	49
4.1.3 The construction of illness in traditional African beliefs.....	50
4.1.4 Personal reflections.....	52
4.1.5 Summary.....	53
4. 2 Healing in Pentecostalism.....	53
4.2.1 The role of healing in Pentecostalism.....	54
4.2.2 Construct of the Body in religion.....	54
4.2.3 The Body and Christianity	55
4.2.4 The Body in Pentecostal healing.....	56
4.2.5 Reflection.....	58
Chapter 5: Methodology and Methods	60
Part 1: Methodology	60
5.1 Introduction.....	60
5.1.1 The positivist paradigm.....	60
5.1.2 Intepretivist/qualitative research	61
5.1.3 Summary.....	63
5.1.4 Methodological approach for my own study.....	64
5.1.5 Writing ethnography.....	68
5.1.6 Using autoethnography	70
5.1.7 Thinking about politics in ethnography.....	71
5.1.8 Summary of discussion on my methodology chapter.....	72
Part 2: Methods	72
5.2 Selecting and gaining access to a Pentecostal church.....	72
5.2.1 Pastor John: the gatekeeper.....	74
5.2.2 Entering the Church: starting my fieldwork.....	75
5.2.3 Ethical considerations.....	77
5.2.4 Data Collection.....	80
5.2.5 Participant observations.....	81
5.2.6 Phase one of data collection (Participant observations in the Sanctuary Church).....	82
5.2.7 Recording fieldwork data.....	86
5.2.8 Location of self: fieldwork issues.....	87
5.2.9 Limitations in my ethnography and personal challenges.....	90
5.3 Phase two of data collection: Formal interviews.....	91
5.3.1-Selection of participants.....	92
5.3.2 Recruitment of participants.....	93
5.3.3 In-depth interviews.....	93
5.3.4 Leaving the field.....	96
5.3.5 Data Analysis.....	99
5.3.6 Initial Coding (level one coding).....	100
5.3.7 Level two coding.....	101
5.3.8 Challenges.....	103
5.3.9 Summary.....	105
Chapter 6: Ethnography ('Theatre of dreams')	106
6.1 Introduction:	106
Part 1: Contextualising the field work .	106
6.1.1 A description of the area	106
6.1.2 The Sanctuary Church: the setting for the study.....	107
6.1. 3 The Formation of the Church.....	109
Part 2: People and Events.....	110
6.2.1 The Senior Pastor (Pastor John).....	110
6.2.2 The Attendants.....	111
6.2.3 The Junior Pastors.....	112
6.2.4. A chart showing the Sanctuary Church hierarchy	113

6.2.5 The Congregation.....	113
6.3 A typical church service	117
6.3.1 A typical healing service	120
6.3.2 What concerns did people bring in the service?	127
6.3.3 What happened when the Pastor prayed?	131
6.3.4 Summary.....	138
Chapter 7: Analysis	140
Analysis (Part 1) Beliefs, causality of illness and healing.....	140
7.1 Introduction.....	140
7.1.1 The Conceptualising of God.....	141
7.1.2 Perceived characteristics of God in the Sanctuary Church.....	143
7.1.2a God as powerful force.....	143
7.1.2b God as the father.....	145
7.1.2c The location of God.....	150
7.1.2d Defining Jesus.....	151
7.1.2e Defining the Holy Spirit.....	153
7.1.2f The Holy Spirit and speaking in tongues.....	154
7.1.3 The conceptualising of the Devil.....	155
7.1.3a The perceived characteristics of the devil.....	156
7.1.3b The devil and witchcraft.....	159
7.1.4 Summary.....	164
Analysis (Part -2): Healing processes and practices in the Sanctuary church.....	164
7.2 Introduction.....	164
7.2.1 The role and construction of the Pastor.....	165
7.2.2 The Pastor perceived as a conduit of God.....	166
7.2.3 Pastor as a transformative healer.....	167
7.2.4 Pastor and Paternalism	168
7.2.5 Pastor as authoritative figure.....	170
7.2.6 Power and Authority.....	171
7.2.7 Signs and wonders.....	172
7.2.8 Pastor as deemed to have a special relationship with God.....	174
7.2.9 Pastor as a good man.....	176
7.2.10 Charisma of Pastor John.....	177
7.2.10a Thinking about Pastor John and charismatic leadership	180
7.2.11 The role of women in the Church.....	183
7.2.12 The healing service	184
7.2.12a A typical healing service	185
7.2.12b Songs as praise and community effervescence.....	186
7.2.12c The role of physicality, visceral body, singing and dance in healing.....	189
7.2.12d The Sanctuary Church as a sacred space.....	193
7.2.13 The use of symbolic objects in healing.....	197
7.2.13a The use of olive oil.....	197
7.2.13b Sanctified Blackcurrant juice.....	198
7.2.13c A white piece of cloth.....	201
7.2.14 Summary.....	202
Part 3: Locus of control and the production of community in the African diaspora within Sanctuary Pentecostal Church.	202
7.3 The locus of control in healing.....	202
7.3.1 Defining the locus of control.....	203
7.3.2 Help seeking.....	205
7.3.3 Sanctuary Pentecostal Church and the production of community in the African diaspora.....	207

7.3.4 Summary.....	211
Chapter 8: Implications of my findings	213
8.1 Introduction.....	213
8.2 Overview of the thesis	213
8.3 Implication	215
8.3.1 The aetiological models of mental and physical illnesses.....	216
8.3.2 Help-Seeking.....	217
8.3.3 Role of the Sanctuary Church and significance of the church in the community.....	217
8.3.4 Speaking in tongues	218
8.3.5 Construction of meanings of illness and adversity	218
8.3.6 Spaces in Pentecostal healing	219
8.3.7 Limitations of my research.....	220
8.3.8 Conclusion and personal reflections on my research.....	221
8.3.9 My contribution to knowledge.....	222
8.3.9.1 Further studies.....	223
References	224
Appendices	257
Appendix 1: Application for Ethical Approval-approval letter	257
Appendix 2: Participant Information for Pastors and Church leaders (phase 1)	260
Appendix 3: Participant Information Sheet (P.I.S) for Interviewees (phase 2)	263
Appendix 4: Interview Participant Consent Form (Phase 2)	266
Appendix 5: Poster for Church Newsletter (phase 1)	268
Appendix 6: Interview Guide: Themed interviews with key informants	269
Appendix 7: Table showing interview participants with characteristics and names anonymised	272
Appendix 8: Table showing list of nations in Sub-Saharan Africa	273
List of Figures.....	Vii
List of Tables.....	Vii
Acronyms.....	Vii

List of Figures

Figure	Chapter	Section
FIGURE 1: Map showing countries within sub-Saharan Africa	2	2.1.2
FIGURE 2: The Sanctuary Church Hierarchy	6	6.2.4

List of Tables

TABLE 1: List of nations in Sub-Saharan Africa	Appendix	8
TABLE 2: Interview participants with characteristics and names anonymised	Appendix	7

Acronyms

SSA = Sub-Saharan Africa

Copyright

Attention is drawn to the fact that copyright of this thesis rests with;

- I. Anglia Ruskin University for one year and thereafter with
- II. Geoffrey Badu Amoateng

This copy of the thesis has been supplied on condition that anyone who consults it is bound by copyright

Chapter 1: Introduction to the study

1.1 Introduction

This chapter is divided into two sections, in the first section I identify the main research question that I sought to address in the thesis, as well as defining the rationale, the aims and objectives of the study and an overview of the chapters. I also share a little information about my own background as a researcher and how I am positioned in relation to my study.

1.1.1 The research question

In this study, I sought to understand *'Why do people who originated from Sub-Saharan Africa come to a Pentecostalist Church in London to seek help for their ill health?'*

1.1.2 Rationale for conducting the research

The rationale for this study was to explore and understand how culture and spiritual beliefs influence peoples' help-seeking behaviour when they are ill. However, the original motivation for the study came from personal experience. I recall that it was on Christmas day in December 2008 when I telephoned my friend to wish him and his family Christmas greetings. In that telephone conversation, my friend talked about his sister, who was suffering from a mental health problem at the time. He described how she had discharged herself from the local psychiatric hospital and decided to travel from London to Ghana to seek treatment from a faith healer who was apparently very famous for his healing powers at the time. Although I am from the same cultural Ghanaian background, I was amazed to hear what my friend told me and because I am trained as a nurse in England I questioned why someone might want to leave Western medicine in England and travel to seek traditional help for their mental illness in West Africa.

Interestingly, from further conversations with friends from other African nations and cultural backgrounds, it became clear to me that this practice was not unique to Ghanaians who lived abroad. I was interested to hear that other Africans living with physical and mental health concerns also consulted different healers in London, including Christian healers, despite their apparent acceptance of the relevance of Western medicines. It therefore

seemed to be an important topic for research, and my review of the literatures suggested that there was a gap in research in this area.

When I originally started the study, I thought I would focus on why people with mental health concerns would go to a church to seek help. However, it became clear during the early days of my ethnographic fieldwork in the Sanctuary Church (a pseudonym for the London church that was the focus of my study), that people were presenting at the church with more physical ailments, rather than psychological concerns. Therefore, I decided to broaden the scope of my study.

1.1.3 Aims and objectives of the research

The overall aim of the research was to understand why Africans (who originated from Sub-Saharan regions) might seek help from a Pentecostalist Church in London for their health concerns. Ultimately, I hope that the study may help health practitioners to have a deeper understanding of the relationship between religious beliefs and how some people seek help for their health needs outside of biomedical services. To achieve this aim, I sought to identify the beliefs, practices and types of interventions conducted in the healing service in a Pentecostal church in London. As my study developed, I also found that I wanted to understand the role of the healer in this process.

1.2. About the researcher

In this section I want to share a little about my own background, not only because I am trained as a nurse and a Christian (and I attend a different Pentecostal church from the one featured in my study) but also because I feel the researcher and their identity plays a significant role in ethnographic fieldwork. Coffey (1999) writing in her book *'The Ethnographic Self: Fieldwork and the Representation of Identity'*, suggests that the:

"construction and production of self and identity occurs both during and after fieldwork and that in writing, remembering and representing our fieldwork experiences, one is involved in the process of self-presentation and identity construction" (Coffey, 1999:116).

I found these comments to be pertinent to my experience as a researcher because while my ethnographic fieldwork was a professional practice, it was also a personal and emotional experience. Therefore, although this is not an auto-ethnography, I decided to personalise accounts of my fieldwork experiences in order to 'locate me in the field', as I attempted to make sense of the peoples' worldview from both an outsider (etic) and insider (emic) perspective.

My own background has also informed my research interests. I grew up in Ghana and achieved a Bachelor's degree in a university before migrating to live in England twenty-seven years ago. From my childhood, I became aware of the extensive range of traditional beliefs in the local culture and the role of the spiritual world in daily life. People around me often saw the world as inhabited by ancestral, clan and evil spirits and these beliefs played an important role in their everyday lives. Traditional healers for example were recognised by many in that community as being able to heal the sick, by virtue of their intimate knowledge of herbal medicines and their special ability to be possessed by or communicate with spirits. However, clearly not everybody from Ghana practised the same beliefs and some people only had Christian beliefs. I adopted the Christian faith during my early years in Ghana and I have continued to practise my faith in God and I also participated in the activities of my local Pentecostal church, both when I lived in Ghana and now living in the United Kingdom.

Therefore, I often felt during my fieldwork that there was not only a common experience of migrating from a Sub-Saharan culture but the fact that we also shared an experience of being part of a broad 'ethnic minority' community in the United Kingdom. Therefore, I felt that my identity of being a Black African man, as well as sharing Pentecostalist beliefs, meant that I potentially had many aspects in common with the people in my study. Clearly, this was a strength, as well as a challenge, because as a researcher, this meant I kept having to step in and out of the culture I was studying in order to develop some critical analysis (this is discussed in more detail in the methods section in chapter five of this thesis).

1.2.1 Use of first person pronoun “I”

As I suggested above, because I decided to use ethnographic methods I want to be located in the writing of this text. Therefore, I have purposefully used the first person pronoun ‘I’, in order to locate me within the narrative used to describe my fieldwork experiences to my reader (as I have been the main research ‘tool’). However, I also wanted to use this approach to show that I am accountable for my role in the field (Webb, 1992), rather than simply an abstract, authoritative voice. As Gilgun (2005) advocates, it is through the use of the first person that an understanding of the researchers’ role become integrated into the study as they describe what they experienced, witnessed and chose to do. Indeed, Clifford Geertz warns us against what he described as the ‘*author evacuated text*’ (1988) and Wheeler, 2010), and Charmaz and Mitchell (1997), also speak of the ‘*myth of silent authorship*’ and they encourage the inclusion and presence of the writer in the text. However, in the contextual chapters (chapters two to chapter four) my voice is mainly ‘absent’ because these chapters are based on a review of the literature rather than my lived, embodied experience of my ethnographic fieldwork.

1.2.2 Introducing the chapters in this thesis

The thesis comprises of eight chapters. The first four chapters (including this one) aim to establish the context of the study and are important as they lay the foundations for some of the discussion of my findings later in the thesis.

Chapter One: In this initial chapter, I have tried to provide a summary and overview of the background to the study, an overview of the ethnographic approach taken for this study and my location in the text.

Chapter Two: Because my own research is concerned with the beliefs and practices of contemporary Africans who originated from the Sub-Saharan regions (and who are now living in London), I thought it would be useful to examine some of the historical movements that preceded the mass migration of Africans to Europe, due to globalisation and the

development of the (contested ideas) of the 'African diaspora'. This contextual information will be useful, as some of the debates concerning globalisation and the 'African diaspora' are relevant for the discussions later in my thesis, as they relate to both my fieldwork findings (in chapter seven), as well as the final discussion of the thesis (in chapter eight).

Chapter Three: Consideration was given to the literature concerning the rise of Pentecostalism in Africa and the role of the church during pre and post-colonialism, as well as the growth of Pentecostalism in the United Kingdom (because my ethnography was conducted in the Sanctuary Pentecostal Church).

Chapter Four: I briefly reflect on some of the literature that examines the role of religion, spirituality, the role of healing in Pentecostalism and some critiques of Pentecostal healing.

Chapter Five: Identifies some of the methodological considerations of the thesis and here I provided a summary of the two paradigms (positivist and interpretivist) and I discuss some of the epistemological and ontological considerations in research and I also identify the methodological underpinnings of my own research study. Furthermore, this chapter highlights the research methods that I used for this study. I discuss my decision to use ethnographic methods and I discuss some of the challenges that I faced when conducting my ethnographic research in the Sanctuary Church in London (please note the name of the church is a pseudonym). In this chapter I also discuss issues concerning informed consent in a large community setting, how I collected my data through participant observations over an eight-month period and the eleven face-to-face semi-structured interviews that I conducted in order to help enrich my understanding of the ethnographic fieldwork. Additionally, the chapter discusses some of my personal challenges that I experienced during this process before finally discussing how the data coded was analysed.

Chapter Six: In this chapter, I offer the reader my ethnography of a healing service in the Sanctuary Church, describing the building, as well as my observations of key people and events during the healing service. Additionally, I highlight how the Church also supports the

social needs of their community and how the building is used when religious services are not in progress.

Chapter seven: Here I offer an analysis of my findings based on my ethnographic fieldwork and the in-depth semi structured interviews. This chapter is divided into two parts. Part one is concerned with beliefs concerning the causality of illness and in part two, I have discussed issues concerned with the healing processes and practices at the Sanctuary church. Throughout this chapter, I have tried to distinguish the data generated from my ethnographic studies and from my qualitative interview findings, so that the reader will understand the origin of the text. Significantly, analysis of both ethnographic and interview data in my study, highlights the African Pentecostal conception of health and healing, in which physical health is understood as part of a wider set of social and personal ills and healing of the body is understood as the locus of struggle between external forces which can be combated through embodied personal and social practices of faith. It is clear from my ethnographic study that the need for healing or deliverance is not merely a response to physical and mental illnesses but can also be a response to other social forms of distress caused by both personal, local and global factors. This chapter also provides a discussion on power and charisma within the church and offers a critical insight into intersectionality.

The term *intersectionality* was first used by Kimberlé Crenshaw in 1989. Intersectionality is the branch of feminist thought that specifically purports to be attentive to the myriad differences in women's lives, including differences of identity, experience, and oppression Singh (2015). Crenshaw's theory (1989) used an analogy of a traffic intersection, with traffic flowing in four directions. Sometimes there is an accident at the intersection and it is difficult to identify which driver is responsible. Crenshaw argued at the time that Black women were often harmed at this intersection. Discrimination, like traffic, can flow in multiple directions, and it is unclear which driver — racial or gender discrimination — is responsible. She described this experience as intersectionality. It is not an overarching theory of social change and equality, but a way to see how different flows of discrimination collide and intersect. Intersectionality identifies a mode of analysis integral to women, gender and sexuality studies. Within intersectional frameworks, race, class, gender, sexuality, age,

ability, and other aspects of identity are considered to be mutually constitutive; that is, people experience these multiple aspects of identity simultaneously and the meanings of different aspects of identity are shaped by one another. In other words, notions of gender and the way a person's gender is interpreted by others are always impacted by notions of race and the way that person's race is interpreted. For example, a person is never received as just a woman, but how that person is racialised impacts how the person is received as a woman (Mitchell, 2014a; Robbins & McGowan, 2016).

Given the expansion of intersectionality as a framework, Mitchell (2014b) defined intersectionality as *"the intersection of salient socially constructed identities and the extent to which individuals or groups are oppressed or marginalized as a result of interlocking, socially constructed systems of oppression associated with those identities"* (p.25). Although intersectionality tends to identify those who are marginalized because of interlocking systems of power, privilege, and oppression, it is also a useful framework to promote breaking down systems of oppression and moving further toward social justice as it calls upon *"cases where race, gender, sexual identity and class work together"* (African American Policy Forum, 2015).

Intersectionality, as an approach, therefore aims to analyse how different forms of disadvantage intersect and thereby explain the specific experience of certain groups of women on the basis of gender, race and class simultaneously. Theories of intersectionality hold that discrete forms of oppression shape, and are shaped by, one another and a failure to recognise this results in both simplistic analyses and ill-conceived policy interventions (Squires, 2008).

I feel that the intersection of categories of social and health issues are mutually constitutive and therefore I feel this concept is relevant to my study. Taking an intersectional perspective on how issues such as gender, immigration status and racism have affected the wellbeing of the people in my study would enhance the understanding of them. Crucially unlike many feminists, especially black feminists, who focus on intersectional analysis as specific to

black and ethnic minorities women or, at least, to marginalized people, I see intersectionality as a valid approach to analyse social stratification as a whole (Lutz et al., 2011). Taking an intersectional perspective prevents my analysis from prioritizing one facet or category of issues that have affected the people in my study over another.

Chapter seven also identifies the wider role of the Sanctuary Church outside of healing services and suggests that it plays a significant role in building and supporting the local and global community.

Chapter eight: This is my final chapter where I offer a summary of the whole thesis and I highlight my distinctive contribution to knowledge, recommendations for healthcare practitioners and my aspirations for future research.

Chapter 2: Globalisation: African diaspora to Britain and post-colonial African migration to London

2.1 Introduction

As I suggested in the introduction to this thesis, my original motivation for this study was inspired by my need to understand why some people seek the services of faith and spiritual healers for their health problems. Because the majority of people that I studied originate from different nations within the Sub-Saharan region, I felt that it was important to commence this chapter by defining 'Sub-Saharan'. This is followed by a brief discussion on some of the historical movements that preceded the mass migration of Africans to Europe due to globalisation and emergence of the 'African diaspora'. I felt this 'scene-setting' would be significant to my thesis as not only because the United Kingdom has been linked with the migration movements of African but also because my own study is concerned with the beliefs and practices of contemporary African migrants worshiping in a Pentecostal church in London today.

2.1.1 Thinking about Sub-Saharan Africa (SSA)

The construct of 'Sub-Saharan' Africa has been much contested in the literature. At the most basic level, it can be considered as a geographical definition that includes all of the nations below the Sahara desert. However, there are many definitions, for example, while the United Nations Development Programme suggests that forty-six out of the fifty countries in Africa constitute the "sub-Saharan" region (UNDP, 2017), other scholars such as Bergström, (2015), argue that there are a total of forty-eight nations (see appendix 7 for details). Certainly, across the nations of the region there are many variations in geography, language and culture. However, while each nation has a distinctive history, colonialism has been a major factor in shaping the history of all of the nations across the region. Moreover, all of the nations in the region have been under international scrutiny for many years (see

for example, reports by the International Monetary Fund (2017), The International Labour Organisation, 2016, The World Bank, (2017). For my own study, I will be using the term 'Sub-Saharan' to mean people (either first or second generation), and originating from the broad geographical area of nations below the Sahara desert). However, I recognise that people may come from a variety of cultural and religious backgrounds and that each person will have unique personal characteristics. However, I still consider this to be a useful term not only because it helps to identify where people originate from but also the peoples from these nations have a shared history of being colonised by others.

Figure one below, presents a map below reproduced from the Pew Research Center report (2015:163) that recognises 51 countries and territories within Sub-Saharan Africa. I thought this would be useful and have highlighted in bold those countries in the Sub-Saharan region where the African Christian population is estimated to be high. There are two dominant religions in Sub-Saharan Africa, Christianity and Islam and these religions are predicted to expand across Sub-Saharan Africa with the population of Christians expected to double by 2060 (Pew Research Center, 2015).

2.1.2 A map of Sub-Saharan



Figure 1 Map showing countries within Sub-Saharan. *Adapted from United Nations, Pew Forum on Religion & Public Life, April 2010*

2.2 African Migration into Europe: Slavery and Colonialism

In the following section, I thought it would be useful to offer an overview of some of the historical movements and experiences of people from Sub-Saharan Africa in the period preceding globalisation and mass migration to Europe.

Historical records suggest that African people have lived in Europe since at least the fifteenth century and although many of these people were slaves, other lived freely and made significant contributions to European culture (Earle and Lowe, 2005). However, it was the development of slavery that was to bring about the first major wave of forced migration out of Africa (Bertocchi, 2015) and it is argued that the development and growth of capitalism in Europe and the USA was underpinned by the exploitation of slaves (Tona, Setrana, and Arthur, 2017). However, it was the imposition of colonial rule that promoted migration on a mass scale (Manning, 2013; Whatley, 2012a). Certainly during the colonial period (usually defined as existing from the late eighteenth century to the 1960s), African populations (and other colonised people) were utilised to underpin colonial ambitions and build colonial empires (De Haas, 2008; Manning, 2010), although some Africans came freely to Europe to study and work (Tona, Setrana, and Arthur, 2017; Manning, 2013). Nonetheless, colonial rule was to leave a legacy across Africa and by the end of the First World War (1914-1918), the whole of the continent had been partitioned by colonial rulers (De Haas, 2008, 2006, Cox and Haar, 2003).

2.2.1 The Emergence of Mass Migration and Globalisation

From the middle of the 1960s, different nationalist struggles were fighting for independence from colonialist rule (Kraft, 1996) and the post-colonial period is often highlighted as instigating yet another stage of mass migration of Africans into Europe (Cox and Harr, 2003). During the transition to independence, many African governments were engrossed in the political turmoil of the process. This was often characterised by frustration and pain with poverty, greed and corruption- all making the task of nation-building in Sub-Saharan extremely difficult (Cox and Harr,

2003) and consequently independence did not always have a positive outcome for all citizens (Betts, 1998; Birmingham, 2009).

Much of the literature on modern Africa and migration tends to focus on the colonial past and post-colonial 'push factors' (such as poverty, unstable economies, war, crime etc.) and its role in mass migration (Castles, De Haas, & Miller, 2014; Cuttitta 2007, Anarfi and Kwankye, 2003). While we cannot deny the role of slavery and forced migration in mass migratory movements, throughout history, many Africans have also made the choice to migrate (Bakewell and Bonfiglio, 2013).

More recent debates on African mass migration have tended to focus on globalization. While the term is often contested, at a general level, it is usually linked to the growth of global capitalism and developments in transport and mass communication, resulting in increasing flows of populations, information, goods and services. Globalization is often presented as a natural development of capitalist markets and economic growth is often portrayed as something good for the poor (Milanovic, 2002), however, it is also argued that because of globalisation, transnational corporations are gaining a disproportionate amount of power through the political and economic markets (Aisbett, 2007). Many critics contest that trans-national corporations are using their increased power in ways that benefit themselves and that the march of international capitalism is actually a force for oppression, exploitation and injustice (Sutcliffe 2004; Svedberg 2004; Dowrick and Akmal, 2005). Although writers such as Meyer, (1994) have asserted that globalisation has been a vital resource for understanding the place of religion in a modern global culture (and I discuss this in more detail in chapter three).

Nonetheless, it is worth noting that the concept is not without critics. Some scholars such as Aisbett (2007) have described the impact of globalisation on the poor and how it continues to abound, despite the discourse that promotes the idea that liberalisation promotes growth and growth is good for the poor. Moreover, Aisbett (2007) argues that globalization consolidates power upwards and away from the poor as transnational corporations gain a disproportionate amount of both political and market power. Other scholars such as Sutcliffe (2004) and Dowrick and Akmal

(2005) highlighted the growth of the “anti-globalization movement” who have opposed ‘globalisation’ in economic terms as well as issues concerning global inequality. These critics are also firmly of the opinion that corporations will use their increased power in ways that benefit themselves and harm the poor and Dowrick and Akmal, (2005) argue that the march of international capitalism is in reality a force for oppression, exploitation and injustice.

In terms of my own study, as I discuss later in chapter six (ethnography chapter), the majority of the people who attended the Sanctuary Church originated from countries within sub-Saharan Africa, which may be considered in economic terms to include some of the poorest countries in the world (Dowrick and Akmal, 2005; Milanovic 2002). It could be argued that some of the people in my study may have suffered as a result of the impact of ‘globalisation’ (although this is difficult to prove) but certainly my research highlighted that the need for healing was not merely a response to physical and mental illnesses but was also responding to other intersecting factors such as local and global economic and social factors, as well as the inheritance of the economic conditions of countries from where most of the people in my study originate.

Interestingly and relevant to my own thesis, a number of writers have also discussed globalisation as not simply being linked to capitalist markets but also to other social factors, such as religion. For example, Wuthnow, (2010), suggests that increasingly religions are globalised and that they are linked with networks that span international borders. Indeed, Meyer, (1994), asserts that globalisation has been a vital resource for understanding the place of religion in a modern global culture (see chapter three for more discussion).

2.2.2 Thinking about “Diaspora”

Much of the literature on globalisation also refers to the term “diaspora” because the movement of goods and people have enabled the growth of ‘diasporic’ communities and the term is useful for my own study, as the church community could be considered as diasporic.

The word ‘diaspora’ originates from the Greek language, it invokes a descriptive notion of dispersion and it also has religious or ideological connotations, such as the Hebrew token of ‘galut’

(exile) that is imbued with aspirations of 'return' (Cohen, 1997; Dufoix, 2008). Historical literature also links the emergence of the word with elements of Jewish dispersal. The term is often used to denote groups of people sharing the same origin, who have been dispersed throughout the world (Alfonso et al; 2004; Safran, 1999, Manning 2010) and is used to define people who share the same or similar characteristics, such as ethnic or religious backgrounds (Cohen, 2010).

From a sociological perspective, the term is applied to a wide range of 'others'. For example, it has been used to cover all sorts of expatriate ethnic communities that can somehow be identified as ethnic, racial or categorised as religious, and even indigenous minorities that are not (or are no longer) related to any external point of origin or "centre" (Kellie, 2001), for example, second or third generation migrants. Many authors have highlighted how the construct of specific diasporaic groups often creates boundaries between groups (Dufoix, 2013). Although some of the literature argues that minority status itself is not *ipso facto* sufficient, for labelling a community as diaspora (Betts, 2012; Oxford Diasporas Programme 2015; Zeleza, 2005). Moreover, other authors have suggested that mere physical dispersion does not automatically connote diaspora and some authors suggests there can be additional meaning attached to the concept, such as holding a memory, link, or image of, or contact with, the homeland and is connected to the idea of an original/authentic root or origin with another place. (Esman, 2012; Shain, 2003).

Therefore, it can be seen that while some authors have been seeking to define the construct of diaspora, other authors have highlighted how the term is fluid and has increasingly been used in the literature as an open signifier. Dufoix (2013, p14) has suggested that it is now more closely aligned to post-modern thinking and the '*decentered conception emphasizes the absence of any territorial center or origin and the impossibility of return, and it valorizes deterritorialization*'.

Furthermore, Betts and Jones (2012), suggests that the discourse of diaspora is often used as a social fact and an analytic category and that communities and individuals are often considered to be more or less 'diasporic', depending on the extent of their correspondence to the ideal type, however specified. Such picking out of characteristics is useful in order to identify a population with a view to drawing conclusions about them (i.e. given a particular definition of diaspora, how

do 'they' arise, what do they 'do', with what consequences, etc.) and the notion of a 'diaspora' can therefore be understood to be inherently politically and socially constructed.

Developing this perspective further, Jones (2012) suggests that it is subject to a process of contestation over insider/outside boundaries and orientation; to be labelled as a 'diasporic' is just one possible mode of representation in the complex context of transnational political mobilisation. However, Gidley (2015) suggests, that while the concept of diaspora has become increasingly diffused (as it now has multiple meanings), diasporic perspectives can enable us to look at diverse institutions (such as mosques, churches, synagogues, trade unions, political parties) and how they tie people to both locations and identities that are simultaneously local and global, and how such institutions act to bind people to their local space and community. I find that these comments have resonated with my own study because, as I suggest later in my thesis, the church at the centre of my study (the Sanctuary Church) can be understood as both rooted in the 'local' of London and is seen as part of a wider African Pentecostalism.

2.2.3 The African diaspora and Sub-Saharan African in my study

The history of African slavery is often referred to as "the Atlantic Diaspora" (Bertocchi, 2015; Manning, 2010) but as Tiyaambe Zeleza (2005: p.36) suggests, 'despite the proliferation of the literature, our understanding of the African diaspora remains limited by both the conceptual difficulties of defining what we mean by the diaspora in general and the African diaspora in particular, and the analytical tendency to privilege the Atlantic'.

In his book famous book '*The Black Atlantic*' (1993), Paul Gilroy not only questions the validity of the concepts of 'race' and 'blackness' as stable, he also suggests a more fluid and decentered explanation of the African diaspora. Gilroy's central concern was to deconstruct the idea '*of the black race and to challenge essentialist ideas of any African 'essence'*' (p.76). Gilroy seems to suggest that African identity is continually recreated through the transnational and intercultural spaces of the diasporic experience itself, including responses to the terrors of racism.

Furthermore, he suggests that the transoceanic transactions inform creolised and hybridised experiences, exchanges of ideas and cultural artefacts. However, Zeleza (2005) suggests that Gilroy over- simplified the 'African American experience' and the role of Africa and African connections in collective memory, imagination and thought. It seems from my readings, that Zeleza (2005) is critiquing the construct of 'African' as a stable signifier and this raised some demands on thinking about the concept of 'Sub-Sahara' in my own research, and this is discussed in more detail towards the end of this chapter.

These debates are important for my own study because when I use the concept of 'sub-Saharan Africa', I used this as an umbrella term for the people who originate from a specific geographical region in Africa. In using this term, I am not presupposing that all African societies have the same history, culture or explanation(s) for events, however I would argue that there are underlying similarities shared by many of the people who attend the Church. For example, most people in my study shared similarities such as having an inheritance of colonialism, slavery and their experience in the UK of blackness and racism, as well as perhaps shared patterns of religious practice rooted in the African traditional beliefs and pre-Christian ways. I would suggest therefore, that many members of the congregation do have a loose sense of being a common 'Sub-Saharan African', as well as sharing a common experience of living as a 'racial minority' for the first time. As Fesenmyer (2015) contends being 'African' marks us as 'other' in ways that have a long and complex history, which may have some impact on their wellbeing. Fesenmyer (2015) posits that being a migrant only grows more contentious as calls for limiting immigration increase in the UK.

2.2.4 African migration to the United Kingdom

As my study focused on people from Sub-Saharan regions, who are living in London and attending a Pentecostal Church, I thought it might be useful to end this chapter by looking at the history of African migration to the United Kingdom and the African diaspora in London, although in many ways it mirrors the pattern highlighted above.

The literature seems to suggest that although Africans have been living in Britain since the sixteenth century, between the late 1620s to the early 1830s the Black African presence in the United Kingdom was often characterised by enslavement (Tonah, Setrana and Arthur, 2017; Castles, de Haas and Miller, 2014). However, as suggested above, patterns of African migration changed with the end of slavery and the decolonisation of Africa that followed the end of the Second World War (Castles and Miller, 1998). Many Africans came to Britain for employment, especially during the post-war construction and rebuilding of the British economy, when there were labour shortages in the country and new labour was recruited from overseas (Killinggray, 1994).

According to Flahaux and De Haas (2016), there are usually three assumptions underlying discourses of African migration, namely, that African migration is high and is increasing; that this migration is mainly directed towards Europe; and that most migration is driven by experiences of poverty and/ or violence in the home country. However, the idea of Africa as a 'continent on the move', is contested as intra-African migration intensities have gone down and there has been an acceleration and spatial diversification (beyond colonial patterns) of emigration out of Africa and beyond Europe into North America, the Gulf States and Asia (Flahaux and De Haas, 2016). Conventional interpretations of African migration have highlighted the flight from poverty, violence and underdevelopment yet, as Styan (2007) suggests, increasingly migration out of Africa seems to be driven by processes of development and social transformation, which have increased Africans' capabilities and aspirations to migrate into skilled professionals and higher education.

2.2.5 African Diaspora in London

African migration to London was traditionally associated with slavery (Birmingham, 2009) and the post- colonial period, when many people came from Britain's former colonies in Africa (Aspinall and Chinouya, 2016). The majority of the African migrants tended to settle in the larger cities, with a large number of Africans living in London and by 2007, over 80 per cent of African migrants were living in Greater London (Styan, 2007). Furthermore, many African businesses are

servicing migrant communities in London (such as specialist food shops, travel companies) and with the remittances that many Africans continue to send 'home', many migrants make a significant contribution not only to the UK economy but also to family budgets in African economies (Styan, 2007).

2.2.6 Summary

The story of the African diaspora is multifaceted and as I have outlined above, it is often founded on a complex intersection of factors. I hope that this chapter will provide a good foundation to the thesis as some of these debates are further illustrated in my later discussions on the development of Pentecostalism in Africa and in the UK. In this chapter I have tried to give an overview of mass migratory movements how different historical movements have influenced these changes.

Chapter 3: Contextualising Spirituality, Religion and the Rise of Pentecostalism in Africa and the United Kingdom

3.1 Introduction

As my ethnography was conducted in a Pentecostal church, I thought it would be useful to examine the literature concerning the rise of Pentecostalism in Africa, the role of the church during pre and post-colonialism, as well as the growth of Pentecostalism in the United Kingdom. The chapter is divided into three parts; part one discusses the concepts of religion and spirituality, in part two I discuss the rise of Christianity in Africa and the UK and in the final part, I focus on Pentecostalism in Africa and the UK.

Part 1: Key Concepts

3.1.1 Thinking about 'religion'

I thought it would be useful to start this literature review by discussing the concept of religion. The word 'religion' is derived from a Latin word *ligare*, meaning to join, or link, and it is usually understood to mean the linking of the human and the divine, although other interpretations suggest it means 'binding obligation' (Gilbert, 2011). Many authors simply consider religion to be to the way that people organise and relate to what they hold to be sacred and transcendent (Allen and Allen, 2016; Koenig, 2009). Religions are often characterised by having a faith leader, a holy book or scripture, a definitive concept of a higher power/God, and/or set moral codes and ethics and examples of formal religions include Christianity, Hinduism, Islam, Jainism, Rastafarianism, and Sikhism. (National Spirituality and Mental Health Forum, 2011; Koenig, 2001).

A number of sociological theorists have examined the role of religion in society and the 'founding fathers' of the sociology of religion are often cited to be Durkheim and Weber and they are often credited with providing the theoretical and methodological foundations for the 'sociology of

religion' (Goldstein, 2012). I considered that Durkheim's theory of religion is still pertinent and I have applied some of his ideas in the analysis of my data, therefore, I thought it maybe useful to take a brief look at some of his key ideas and insights concerning the sociology of religion.

In the literature, it is often noted that even though Durkheim was not particularly religious, he developed some influential theories that sought to understand the power that religion holds over people and their role in society (LaMagdeleine, 2016; Goldstein, 2012; Turner, 2014).

Durkheim attempted to explain the nature of social order, the relationship between the various parts (structures), and their contribution to the stability of society (their function) and examined the functionality of each structure, to determine how it contributes to the stability of society as a whole and he is often described as a structural-functionalist (Goldstein, 2012).

In his book, '*The Division of Labour in Society*' (1893), Durkheim described two forms of social organisation, namely mechanical and organic solidarity. He suggested that within traditional, small-scale societies (mechanical solidarity), there is strong cohesion based on kinship networks, clans and tribes and he suggested that in these societies, people were multiply skilled and therefore would be able to live independent lives. Durkheim suggested that as societies become more industrialised, people and roles become more fragmented (doing specialised work) and therefore communities become interdependent because individuals perform different tasks which he called organic solidarity. Therefore, Durkheim sought to explain the social processes that help people to live and work together in the absence of mechanical solidarity.

Durkheim suggested that there are a number of social structures that help to hold society together within organic solidarity, these range from harsh (retributive) forms of punishment and strong states to 'the collective conscience' (i.e. religious beliefs). Durkheim viewed religion as a functional entity within society that creates social cohesion and integration by reaffirming the bonds that people have with each other (Goldstein, 2012).

According to Durkheim (1912), religion helps to establish a collective consciousness and the common beliefs of a group or society that give members a sense of belongingness and this helps

to bind individuals together. Durkheim (1912) argued that the major function of religion is to provide social cohesion, or group solidarity and he argued that God is nothing more than a projection of the collective conscience. However, it is notable that he also seemed to suggest that one of the negative consequences of the decline of religion and the collective conscience would be 'anomie' (Goldstein, 2012). According to Alexander (2009: p.147), '*anomie refers to feelings of isolation, alienation and lack of normalcy owing to changes in society*'.

Durkheim (1912) was seeking to understand the function of religion and suggested that individuals who perform a religious ritual or practice, do so, not only for spiritual reasons, but also to express their identification with the religion and its adherents as a whole. Moreover, he suggested that religious rituals serve to remind individuals of the tenets of that religion and that one of the roles of religion was to confer identity on an individual. He believed that religion allowed individuals to transcend their individual identities and, instead, identify as part of a larger group. However, it is notable that Durkheim's theory of religion changed over his lifetime, as in his early writing he argued that society could not exist without a religion but later he considered that it was just one element of society (Goldstein, 2012).

Understandably, Durkheim's theory of religion has been subject to much scrutiny and Turner (2014) reflecting on the philosophical origins of Durkheim, suggests that his concern and quest for a generic definition of religion meant that Durkheimian sociology developed both as a theoretical explanation of religion, and as a way of negotiating the boundaries and connections *between* scientific theory and religious discourses. Turner (2014) suggests that Durkheim was part of an enterprise that sought a bridge between theory and a new form of moral and political praxis.

Other critics have suggested that while functionalism may be useful for explaining how religious phenomena occurs, it fails to explain or even adequately define religion as a whole (Mestrovic, 1991, Stark, 2003). Durkheim's theory has also been criticised for eliminating the divine because he viewed religions not as faith systems but as social systems, despite the fact that this was neither the intent nor the reason that they attract adherents (Turner, 2014). Stark (2003)

suggests, that as most religious people find the concept of God or the gods to be integral to their definition of religion, to leave the concept of the divine or supernatural out of the sociological theory of religion is to doom the theory to failure from the start. However, while Durkheim's work on religion remains influential, there have been major developments in the attempt to understand 'religion' from a comparative and globalised perspective (Goldstein, 2012; Turner, 2014). This idea of globalised religions is important, as later in my thesis I discuss the rise of Pentecostalism in post-colonial Africa and the 'return' of Christian beliefs, as African Pentecostalism takes root in the United Kingdom.

As my study is concerned with people from Sub-Saharan Africa who attend a Pentecostal Church, this raises questions about the role of religion in migration experiences. A number of writers have suggested that religion can play a supportive role in migration experiences, as it can both facilitate integration and offer a means of securing recognition within the wider community (Fesenmyer, 2015, Foner and Alba, 2008). It can also be understood to provide a way to stay connected with those who remain in the migrants' place of origin, and this may be important for identity construction and meaning making (Levitt, 2003). This idea of local religious practices and global religious identity is discussed in more detail below (as well as in the findings sections of my thesis). As I discuss in the second part of this chapter, the lives of people in my study identify with Pentecostal Christianity and therefore in this case, the importance of religion, Pentecostal Christianity in social identifications and formations (Fesenmyer, 2015).

Fesenmyer (2015) suggests that while religion often plays a supportive role in supporting migration, it can also facilitate integration and it can offer a means of securing social recognition. As other authors have suggested, religion can be understood as providing a way to stay connected with those who remain in migrants' place of origin, important both for identity construction and meaning-making (Levitt, 2003). Some scholars such as Quarcoopome (1987), suggests that the key to an understanding of the world's view of the African their religion because traditional religion permeates every aspect of the African life, from the cradle to the grave. In

political economic, social and ethical matters, the religious influence remains very strong in most African cultures, for example, in the social sphere there is the belief that success in life depends on the supernatural forces such as magic and medicine; and in the ethical field, the fear of instant punishment from the divinities and ancestors forces the average African to conform to the norms of the society. Quarcoopome (1987) suggests that Africans explain the world around them in both temporal and spiritual. The cultural, social and moral behaviours are often influenced by their religious beliefs and practices. For example, in the field of medicine the traditional emphasis is on the mystical causation of diseases (attributed to sorcery, witchcraft, magic and medicine) as opposed to the Western orthodox belief in the germ theory of diseases (Idang, 2009; Omonzejele, 2008). Prior to Christianity, traditional healers were deemed to have charismatic powers and in some African villages and towns (and as I mention in chapter 1.1.2, some of the people who attended the Sanctuary Church had gone to seek the services of some traditional healers who operated in London).

Interestingly, Idang (2009) suggests that as Africans migrate to Europe, North America and elsewhere, they transport aspects of their religion as 'hand baggage' in a way that helps to maintain and reinforce their identity, but also inadvertently result in the charting of new identities. It could therefore be suggested that the 'religion' of the people prior to Christianity has a bearing on the thesis. Perhaps, in terms of powers to heal, there is, to some extent, the legacy of 'old' rites and religion, which is exemplified by some of the people who attended the Sanctuary Church. Writing on the subject of African Traditional Beliefs' Idowu (1973), asserts that religion is so woven into the cultural fabric of the African life that Africans have been variously described as "Notoriously Religious", or "Incurably Religious" Idowu (1973:p.34). Therefore, to understand the social and moral behaviour of the African, their religious worldview must be known and approached. Idowu (1973) argues that to understand such scientific notions and to make way for better understanding of diseases by the generality of Africans, the study of the past is necessary, in order to unravel the mysteries of the present and constructively plan for the future. Indeed, according to Quarcoopome (1987), without the past, the present is meaningless and the future uncertain.

Interestingly, Ellis and Haar (1998) purport that in many societies of pre-colonial Africa rulers were endowed with sacred duties, such as causing rain to fall and crops to grow, and charged with upholding the cosmic order generally. In such societies any major disorder in the invisible sphere was held to have a probable or even an inevitable effect on the physical fortunes of the community of believers. By the same token, any major event, such as a war, a famine or an untimely death was believed to have its root cause in the invisible world. Even in the so-called stateless societies of old Africa, where village chiefs or councils of elders were responsible for the routine administration of government, real public authority actually lay with ritual experts who mediated between the visible and invisible worlds. For example, in North Africa temporal rulers were expected to possess 'baraka', a power which came from the invisible world and which alone would ensure worldly success (Ellis and Haar, 1998; Omonzejele, 2008). Thus, it could be suggested from these discussion that, such beliefs could influence the impact on where the people from this cultural background go for help when they experience emotional, psychological and physical health concerns.

As an illustration of this it may be useful to take a brief look at the work of Shoko (2016) from their book "*Karanga Indigenous Religion in Zimbabwe: Health and Well-Being*". This was based on a study that was conducted in St Elijah Church (African Independent Church of the Apostolic tradition) in Zimbabwe, one of the nations within Sub-Saharan Africa. The church is classified Sprit movement, characterised by their special emphasis on the work of the Holy Spirit, speaking in tongues, prophetic activity of diverse kinds and faith healing. Shoko (2016) analysed the traditional Karanga views of the causes of illness and disease, mechanisms of diagnosis at their disposal and the methods they use to restore health, and discussed the views of a specific African Independent Church of the Apostolic tradition and contends that religion and healing are intricately intertwined in African religions. It was interesting to notice that the findings of Shoko (2016) demonstrate how the emphasis on healing so evident in traditional beliefs and practices has been adopted by an African Christian community and adapted to fit into Christian concepts. The study testifies that the centrality of health and well-being is not only confined to traditional religion but reflects its adaptive potential in new religious systems manifest in the phenomenon of Independent and Charismatic Churches.

3.1.2 Thinking about 'spirituality'

While debates concerning the structure and roles of religion are complex, the discourses in the literature concerning spirituality are no clearer (Buchanan-Barker, 2004). Historically and etymologically, the word 'spirituality' is linked to the history of Christian theology and praxis, and the concept is used generically to refer to transcendence (or other worldliness) of assumptions of specific religious traditions (Hovi, 2010). Different theorists have focused on the diverse aspects of spirituality, for example, Koenig (2001:p.18) focuses on spirituality as a personal experience and suggests that it is *"something that arises from within us (internal).... a personal quest for understanding and meaning around the big questions of life and death"*. Although critics of this approach suggest that theorists who only equate spirituality with the 'inner life', are simply reiterating common debates concerning Cartesian mind-body dualism Slay (2007).

Certainly, it is apparent from the literature, that 'spirituality' is not a stable signifier and while it is usually part of most religious practices the term can be used to include a wide range of practices and beliefs, from the healing power of crystals, to witchcraft, sacred spaces etc. (Wilding, 2003). As Slay (2007) suggests, it is possible to have life enriched by spirituality and religion and clearly some people may identify themselves as 'spiritual' but not 'religious'. However, my review of the literature on spirituality and religion suggests that while they are conceptually different, they are often discussed together and used interchangeably.

3.1.3 Summary

In part one of this chapter, I discussed the concepts of 'religion', 'spirituality' and the significance of Durkheim's functionalist approach. I hope that this background to be useful because the analysis of my findings (chapter seven) has been informed by some aspects of Durkheim's theories. In the following section of this chapter (part two), I will discuss the rise of the Christianity and the rise of in Pentecostalism Africa and the UK.

Part 2: The Rise of Christianity in Africa and the UK

3.2.1 Introduction

I thought it would be useful start this section with an insight into pre-Christian beliefs, before looking at the rise of Christianity in Africa. This historical context is important in order to gain a deeper understanding of the way that African Christian churches (and specifically Pentecostalism) have been constructed in some of the academic literature.

3.2.2: Pre-Christian African beliefs and practices:

A number of writers have commented on the significance of pre-Christian, African traditional beliefs, suggesting that religion was and continues to be, woven into the cultural fabric of African life (Idowu, 1973, Quarcoopome, 1987). While the concept of traditional African beliefs covers a wide spectrum of ideas and practices, at a general level it implies that people often believed in the super-natural, mystical causality and spiritual healing (Anderson, 1999). Historically, many traditional rulers were considered to be endowed with sacred skills and duties, such as causing rain to fall and crops to grow, and they were often charged with upholding the cosmic order (Ellis and Haar, 1998).

Under colonial administrations, village chiefs or councils of elders were often responsible for the routine administration of colonial governments, although research suggests that the real public authority lay with the spiritual and ritual leaders, who continued to mediate between the visible and invisible worlds (Ellis and Haar 1998). Certainly, there has been much debate in the literature about the rise and popularity of Christianity across Africa and writers such as Asamoah-Gyadu (2006) and Shoko (2016) have argued that Christianity offered continuity with traditional African beliefs because of the shared belief in mystical causality.

3.2.3 The rise of the church in Africa during the pre and post-colonial period

It is notable from the literature, that across Africa, Christian churches played a significant role in the discharge of the colonial social and political agenda, as well as the subjugation of people in the African colonies (Cox and Harr, 2003). For example, it was notable that colonial governments frequently lacked the financial and technical resources to promote education and public health in the colonies and often these matters were left entirely in the hands of missionaries (Green, et al., 2002) and consequently the Christian missions often assumed a significant role in the development of the colonies (Cox and Harr, 2003).

Colonialist institutions also aided missionary work in Africa, and it has been suggested that this influenced the reception of the gospel message in Africa, as missionaries often arrived in parallel with the colonial troops, administrators and traders, aiming to introduce Christianity, commerce and 'civilization' (Okon, 2014). Notably, many post-colonial African scholars have replaced the word "civilization" with "colonization" and suggested that the relationship between missionaries and colonialists was not accidental (Crowder, 1962 cited in Okon, 2014, Mbiti, 1969) Indeed as Sanneh (1990: p.88) suggests, the *"mission came to acquire the unsavoury odour of collusion with the colonial power"*. However, other authors have argued that that it would have been impossible for missionaries to have resources independent of the colonial powers to carry out their work and therefore, it was simply prudent for missions to collaborate with colonial powers in order to establish their missions (Ryan, 1987, Rodney, 1972).

Certainly the role of the missionaries in Africa did not end with independence, as many Christian missionaries were often involved in the new nation-building during the post-colonial period and they continued to play an important role in education, social welfare and public health (Manning, 2009).

3.2.4 Summary:

It is clear from the literature that traditional African practices have been an important part of African culture and they may have influenced the uptake of Christian beliefs imposed by colonial

missionaries. My review of the literature on the development and growth of Christianity in Africa indicates that while the missionaries did work closely with the colonialist administrators, it is open to some debate as to whether the missionaries were part of the colonial endeavour, or simply used the colonialist administration for utilitarian purposes. Although a number of authors have attempted to account for the emergence of African Christianity, in reality there are likely to be a number of intersecting factors that account for its rise and popularity even though some authors advocate a single explanation (Adogame, 2004; Anderson, 2002; Asamoah-Gyadu, 1997). It has also been interesting to read scholars concerns in searching for an “authentic” African expression of Christianity (Mbiti 2012, 1977; Parrinder, 1962a; Setswe, 1999). This short discussion on traditional African beliefs and the rise of Christianity may also be useful, as my research findings (see chapter seven) suggests that mystical causality remains important within Pentecostal beliefs and practices. My research found that many who attended the Sanctuary Church located the cause and cure of their ill-health in the mystical realm between the devil and God. In addition, some members of the congregation continued to seek help from traditional healers who operated in London. It might therefore be suggested, to some extent, a legacy of ‘old’ African rites and religions continues to have relevance for some people today.

Part 3: Pentecostalism in Africa and the UK

3.3.1 Introduction

This section discusses the rise of Pentecostal Christianity in Africa and the UK. This is significant, not only because Pentecostalism is the faith of the people that I studied in my ethnography but also because my findings suggest that the links between these Pentecostalist churches remain significant today.

3.3.2 The rise of Pentecostal churches

Some scholars describe Pentecostal Christianity as a modern form of Christianity (Anderson, 2013; Coleman and Hackett, 2015) and Pentecostal churches as a modern Christian movement (Anderson, 2010). Certainly there are many different types and categories of Pentecostal congregations and fellowships and each category has its own specificities (Barrett, 2008; Anderson, 2010) and in the following discussion, I seek to provide an overview of two of the dominant forms of Pentecostalism, namely, “Charismatic” and “neo-Charismatics”.

There seems to be some disagreement in the literature concerning the origins and definition of the concept of ‘Pentecostalism’ (Coleman and Hackett, 2015). For example, from a theological perspective, the word “Pentecostal” derives from a Greek term meaning “*fiftieth*” and points to the Christian festival of Pentecost, (also called Whitsunday) which occurs fifty days after Easter Sunday (Droogers, 2008). More significantly, Pentecostalism’ is often be defined as those who share a particular theology with an emphasis on the Holy Spirit and the day of Pentecost experience is probably the most important distinguishing “proof text” in classical Pentecostalism (Anderson, 2010). This is described in the New Testament in the Christian Bible and the descent of the Holy Spirit on the Apostles;

“When the day of Pentecost came, they were all together in one place. Suddenly a sound like the blowing of a violent wind came from heaven and filled the whole house where they were sitting. They saw what seemed to be tongues of fire that separated and came to rest on each of them. All of them were filled with the Holy Spirit and began to speak in other tongues as the Spirit enabled them”.

(New International Version Bible, 2015 version Acts chapter 2 verses 1-4).

Droogers (2008) highlights three theological categories that are common features of Pentecostalism, these are: (1) the central emphasis on the experience of the Holy Spirit, accompanied by ecstatic manifestations such as speaking in tongues; (2) the “born again” or conversion experience that accompanies acceptance into a Pentecostal community and (3) the dualistic worldview, that distinguishes between the “word” and the “church”, the “devil” and the “divine”, “sickness” and “health”.

Other authors have highlighted the importance that is placed on the manifestation of the supernatural gifts of the Holy Spirit, including 'glossolalia' (also known as speaking in tongues) (Anderson, 2005), dream-visions, prophesying (Alexander, 2009), miracles and faith healing (Anderson, 2013). It has also been suggested that globally, the term Pentecostalism is used to cover a wide range of beliefs that can be described as having "family resemblance" due to their roots in the Pentecostal experience and an emphasis on family and community stability (Anderson, 2013; Leavy, 2004; Barrett 2002). Pentecostalism therefore, refer to all the Churches that uphold the belief that all Christians should seek a post-conversion experience (called baptism of the Holy Spirit), which is believed to be accompanied by 'signs' - the gift of tongues, or speaking in tongues (which could be in the form of '*glossalalia*' – speech in an unknown language or '*zenoglossia*'- which is speech in a language known to others but not the speaker). Indeed, this act of speaking in tongues (among other things), often distinguishes Pentecostal Churches from other forms of Christianity (Anderson, 2015). Aside from its emphasis on tongues, Pentecostal doctrine also advocates for what is described as the 'fourfold', 'four square', or full gospel pattern of Pentecostal theology, this stresses that (a) Jesus offers salvation; (b) Jesus heals (c) Jesus baptises with the Holy spirit and (d) Jesus is coming again (Dayton 1987). Along with a strict moralism, these are the core doctrines of Pentecostalism, and Chesnut, (1997) suggests that these elements of the religion seem to be transferable to different cultural contexts without losing the basic principles. However, there are many different types and categories of Pentecostalism (Barrett, 2001, 2008; Anderson, 2010) and in the discussion below, I have provided an overview of some of three of the main forms, includes classical', 'charismatic' and 'neo-Pentecostal' Pentecostalism.

3.3.3 Examining 'classical', 'charismatic' and 'neo-Pentecostal' Pentecostalism

Classical Pentecostalism: The literature on 'Pentecostalism' suggest that the Pentecostal movement appears to have grown out of the second half of the 19th century (Ugwuja and Ubaku, 2013). While the first 'Pentecostals' appeared in the 1900s, by the then former Methodist minister

Charles Fox Perham (1873-1929), opened the 'Bethel Bible College' in Kansas in the United States of America (USA) (Anderson, 2015).

However, the origins of 'Classical' Pentecostalism is often associated with a historic revival meetings that took place in Azusa Street Revival in Los Angeles in the USA in 1906 in the 'Apostolic Faith Mission' (Burgess and Van Der Maas, 2003, Martin, 2002). In this church, members experienced the 'gifts of the Holy Spirit', when there was an outbreak of 'glossolalia' (speaking in tongues-a kind of pseudo language lacking a semantic component and used primarily as a form of prayer which expresses praise to God) and healing and prophecy (Anderson, 2010).

Some scholars have described this as the 'Azusa Street' experience as "classical Pentecostalism" because of the emphasis on the "baptism in the Holy Spirit" and some scholars have suggested that the theological origin of the modern Pentecostal movement in Britain has its roots in this American Christian church (Anderson, 2010; Martin, 2002).

The literature suggests that Classical Pentecostalism grew from this location because of the fact that large numbers immigrants from all parts of the western world came to the church at Azusa Street with the aim of acquiring personal experience Pentecostalism and being baptized in the Spirit (Anderson, 2015, 2010, Coleman, 2015). The church also had its own publications and reports in the press during this period contributed to promulgating Pentecostalism, leading to the growth of other Pentecostal missions (Anderson, (1979). Writing on the influence of the 'Azusa Street' movement of contemporary Pentecostalism, Anderson, (2015) suggests that twenty-six different Pentecostal denominations identify their origins to Azusa Street (including the largest, the Assemblies of God) and Pentecostal missionaries were sent out all over the world reaching over 25 nations in two years.

Charismatic Pentecostalism: The Charismatic movement is often considered to have emerged after Azusa Street, with the changes in practice in mainstream Protestant churches, to include 'gifts of the Spirit'. Prior to this time, members of non-Protestant churches who experienced spirit baptism, spoke in tongues, or received other gifts of the spirit, were usually compelled to leave

their churches and join Pentecostal ones, or retained membership in mainstream churches formed Charismatic subgroups within them (Csordas 1994, McGuire, 1982).

According to Anderson (2004), the focus of Charismatic Pentecostalism teaching is the doctrine of *charismata*, which are gifts of the Holy Spirit, speaking in tongues, prophecy and/or healing. However, while these are elements that are also found in Classical Pentecostalism, Hovi (2010) suggests that the most characteristic features of the movement of “Charismatic” Pentecostalism are the animated meetings, where the special music of praise plays an important role among long sermons and prayers in tongues, although the term “Charismatic” is not unique to Pentecostal churches. Csordas, (2012), suggests that some Charismatic practices have also been highly transferable to the Catholic Church, as well as Protestant congregations, suggesting that elements of ‘Charismatic’ Pentecostalism are similar to the Catholic Charismatic Renewal within the Roman Catholic Church. Csordas, (2012) suggests in these churches there is an integration of Pentecostal elements, such as the Baptism in the Spirit, (the experience of being infused with the power and blessing of God through His Holy Spirit), speaking in tongues, and the healing ministry (prayer accompanied by the laying on of hands for the relief of physical, emotional, or demonic illness) into Catholicism (Csordas, 2012, 1997; Coleman and Hackett, 2015).

Certainly the Charismatic movement has spread rapidly, and by 1970, it was estimated that 10% of clergy and one million lay members of mainstream Protestant Churches who received the ‘gifts of the spirit’ began calling themselves Pentecostal, or Charismatic Catholics (Csordas 1994, McGuire, 1982). The movement has had significant success across Europe, African and Latin America (Corten and Marshall-Fratani, 2001b, Gifford, 2001, Hunt, 2000) and since the 1970s, the Charismatic movement has also generated a large number of neo-Charismatic churches (Miller 1997), these are often independent of larger denominations who affirm the availability of the ‘gifts of the Spirit’ but refuse either the Pentecostal or the Charismatic label (Synan, 1997).

Charismatic Pentecostalism has been markedly successful in replicating itself everywhere it spreads, and it seems to adapt itself to the cultures into which it is introduced (Anderson, 2010). It has been estimated that, globally, there are now 601 million Charismatic” or “Neo Charismatic”

Pentecostals “ followers in the world and this figure is projected to rise to 798 million by 2025 (Anderson, 2010). Interestingly, Anderson (2010) accounting for the growth of Charismatic churches in Sweden, highlighted the globalisation of Charismatic Christianity by reference to three dimensions: (1) the use of mass communications media to disseminate its idea, (2) a social organisation that promotes internationalism thorough global travel and networking, conferences, and mega churches that function like international corporations and (3) a “global orientation” or global Charismatic “meta culture” that transcends locality and denominational loyalty and displays striking similarities in different parts of the world. These insights are reflected in my own study, because the Sanctuary Church also has a sister church in Africa and the characteristics of the congregation (i.e. people who have mainly originated from Sub-Saharan Africa) means that global issues are often represented and discussed in the church.

Neo-Pentecostalism: The third type of “Pentecostalism” that is commonly identified in the literature is the “Neo-Pentecostal” movement (Coleman and Hackett, 2015). This group is often described as being constructed of Charismatic independent churches that are influenced by classical Pentecostalism and the Charismatic movements. Neo-Pentecostal movements are said to have their roots in the Pentecostal healing revival in the USA (Harrell, 1975 cited in Ahlbäck, and Dahla, 2010). Meyer (2004) defines Neo-Pentecostalism as being linked to the propagation of the Prosperity Gospel and strong global inclination as the distinctive characteristics of Charismatic Churches. They also deploy notions of identity and belonging that deliberately reach beyond Africa (and the church names often refer to the church’s aspired “international” or “global” image). Significantly, some scholars often refer to “Neo-Pentecostal churches as having “mega church” status, because they usually maintain congregations of more than two thousand people and are said to be frequently proving attractive to middle-class, as well as working class populations (Coleman and Hackett, 2015; Csordas, 2012, 1997; Coleman 2000; Robbins, 2004).

Before concluding this discussion on the rise of the different forms of Pentecostalism, I thought it may be useful to briefly reflect on the dynamics of the congregations. Research suggests across

Africa, Latin America and the USA, Pentecostal churches have traditionally recruited followers from the poor and marginalised communities (Meyer, 1999) and predominantly, more women than men are active in Pentecostal/Charismatic churches worldwide (Martin, 2001).

Research indicates that while men monopolise formal institutional positions (such as the Pastor or missionary), women are routinely seen as receiving more gifts of the spirits, and often work as lay preachers, healers and teachers and their voices are often heard in Church and other public settings- even though formally they do not hold power (Chesnut 2003; Cucchiari, 1990; Martin 2001, Corten 1999). However, it should be noted that many Pentecostal and Charismatic Churches hold a strong commitment to 'Pauline' notions of patriarchy, in which women are expected to subordinate themselves to men and participate in churches formally run by men (for a more detailed discussion of this, see chapter in seven of this thesis).

However, Pentecostal/Charismatic churches often foster predominantly female services and prayer groups (Chesnut 1997, 2003) and some researchers have argued that these settings provide opportunities for women to develop skills and forge new relations outside their kin networks, without exposing themselves to charges of immorality in a patriarchal society (Brusco, 1995, Hunt, 2002; Stewart and Strathern, 2001). However, despite concerns about gender inequality within the structure of Pentecostalism, it is often argued that the ideology of Pentecostalism invites the poorest and most marginalised into the church community, offering hope and motivational messages for change (Samoah-Gyadu, 2005, Wonsuk, 2007) and as Freeman (2012:p.2) suggests, Pentecostalism often advocates *'what God wants for Africa, a continent blessed with health, wealth and abundance, where people work hard, pray hard and live upright moral lives. What the devil wants for Africa, however, is underdevelopment, poverty and suffering'*. So although Pentecostalism may not be offering a political solution to poverty (or patriarchy), it does hold out a message of hope and as my own fieldwork suggests, many Pentecostal churches minister to the poor by creating a supportive community and offer practical support and advice.

In reviewing the literature on Pentecostalism, it has been interesting to note that different scholars have also highlighted the benefits and concerns about the impact of religious practices on the

congregation. For example, Coleman and Hackett, (2015) and Anderson, (2004), have suggested that there are aspects of Pentecostal identity and beliefs that seem to erase, or at least blur, the boundaries between natural and supernatural spheres and this may heighten conflict and anxieties about the origins of disease and suffering.

In contrast, other scholars have argued that the success of Pentecostalism may be due to its emphasis on family and community stability and this may emotionally alleviate some of the insecurities for the congregation, such as threats from migration upheaval and racism in wider society (Martin, 2002 and Leavy, 2004). A number of authors have highlighted the transferability of doctrines and how discourses concerning the power of the Holy Spirit and equality before God seems to increase the ability of Pentecostalism to transpose to different social contexts and appeal to a wide congregation (Csordas, 2007, Krause, 2014, Robbins 2004).

3.3.4 Reflection

Although there are differences between the three types of 'Pentecostalism' outlined above, it seems that there are some commonalities. For example, all Pentecostal churches emphasise the "baptism in the Holy Spirit" and the accompanying supernatural gifts endowed by the Holy Spirit (Coleman and Hackett, 2015; Csordas, 1997, 2012; Robbins, 2004). Scholars such as Barrett, (2008), have also highlighted the commonality of the dualistic worldview, that distinguishes between the "word" and the "church", the "devil" and the "divine", "sickness" and "health" as another feature that makes Pentecostals feel part of a global community.

Another common and typical characteristic identified in the literature is the fact that most Pentecostal churches tend to have a great ability to adapt to diverse cultural contexts (Anderson, 2010) and it is through this adaptability, that the impact of Pentecostalism has been global, both in its geographic distribution, and as a religious movement capable of producing local versions of a universal message (Anderson, 2012). The literature also seems to suggest that local and specific traditions of dealing with spirits, are often translated into Pentecostal idioms and incorporated into

an ideology, in which the omnifariousness (all forms) of local spirits are defined against the Holy Spirit as the unmarked Other (Hüwelmeier and Krause 2010, Krause 2014). This issue of 'spirits that are not God', or the Holy Spirit, also turned out to be significant in my own study, as they were seen by the participants in my study, as a source of maleficence and the cause of ill-health (see chapter seven for details). In the following section, I outline the rise of Pentecostalism in Africa and this is followed by a discussion about the rise of Pentecostalism in the UK.

3.3.5: The rise of Pentecostalism in Africa

Following on from my earlier discussion concerning the rise of Christianity in Africa and the emergence of the three waves of Pentecostalism, I now wish to explore the rise of Pentecostalism in Africa.

The literature suggests that between the 1960s and the mid-1980s, many African Independent churches (AICs) were established across Africa, which later instigated the development of alternative forms of worship from the traditional missionary churches that had been established during the colonial period (Fernandez, 1978; Roger, 1986; Rosette, 1994). These African Independent churches are sometimes referred to as 'Indigenous churches' (Appiah-Kubi, 1981) or 'African Initiated churches' (Anderson 2001). Some scholars have argued, that far from simply alienating African converts from their own culture, missionaries and African evangelists produced reified notions of indigenous culture, which affirmed cultural difference and the imagination of distinct tribal or ethnic identities (Meyer 2002a, Peel 2003, Steegstra, 2002, Vail 1989).

Rotimi, Nwadior, and Ugwuja (2016) have suggested that Pentecostalism was partly an internally motivated socio-religious phenomenon in Africa. These authors suggest that prophets were groomed in the missionary churches of Protestants and Catholics, but as they were closer to traditional African culture in their responses to the gospel, their communities felt a resonance between the charismatic indigenous worldview and the colonial missionary churches (Achunike, 2009). Moreover, some scholars have suggested that far from simply alienating African converts from their own cultural beliefs, missionaries and African evangelists produced reified notions of

indigenous culture, which affirmed cultural difference and the imagination of distinct tribal or ethnic identities (Meyer 2002a; Peel 2003; Steegstra, 2002; Vail 1989).

Anderson (2014) suggests that the earliest African independent Pentecostal movements were also a reaction to the dry formalism and rationalism in the European mission churches and the new Pentecostalist Churches appeals to a new generation of Africans (Anderson, 2012)

However, there is another major issue that has been highlighted in the literature. This concerns the treatment of African religious traditions in relation to Christianity. Colonial mainstream churches often used the term 'syncretism' (i.e. the amalgamation of religions) in a pejorative manner, to describe the combination of traditional Africa religious and Christian elements in African Independent Christian churches. These were often characterised by colonialists as impure and deviant, although some writers did celebrate 'syncretism' as an achieved synthesis of foreign and indigenous belief systems (Stewart and Shaw, 1994). Understandably a number of theorists have questioned the discursive obsession of some scholars', who seemingly need to question how Africans can be 'Christian and African' at the same time (Appiah-Kubi 1981, Mugambi, 1996 and Sindima, 1994). Indeed, it could be argued that much of the literature concerning 'African religion' tells us more about the concerns and interests of Western scholars than African people themselves, although in recent years there has been a more critical debate coming from post-colonial scholars within Africa (such as Okon 2014; Nūñez, 2015; Palmary, Hamber and Allan, 2005).

3.3.6 Pentecostalism and African Politics

Pentecostalism has becoming a force across Africa, although the extent of this varies between Pentecostal movements across the continent (PEW Research Center, 2006).

Certainly research suggests that Pentecostal-Charismatic Christianity has had a significant impact on the social, cultural and political lives of people in postcolonial sub-Saharan Africa (Lindhardt, 2014). Not only has there been a demographic explosion of Pentecostal followers in Africa but it has also come to shape politics and public life (the PEW Research Center, 2006) and

it is becoming more significant at a time when foreign policymakers in the USA are becoming more conscious of the strategic importance of the continent (Council on Foreign Relations, 2006). According to the PEW Research Center, if Pentecostal churches continue to grow in numbers and activism, the long-range political impact of Africa's vibrant Pentecostal community will become increasingly difficult to ignore (PEW Research Center, 2006).

Moreover, it has been argued that while nationalist movements drove African politics during the era of decolonization (in the 1950s and 1960s), and mainstream church leaders were deeply involved in the continent's efforts at democratization in the 1980s and early 1990s, Pentecostalism has become increasingly influential in the political arena in recent years (Asamoah-Gyadu, 2004; Gifford 1995, the PEW Research Center 2006). For example, in 1991, Zambia became the first former British colony in Africa to change a president through democratic multiparty elections. The winner, Frederick Chiluba, was reported to be an avowed Pentecostal who claimed to have received the gift of tongues at a crusade conducted by Pentecostal evangelist Reinhard Bonnke (PEW Research Center, 2006). Interestingly, it is reported that after taking office, President Chiluba invited a group of Pentecostal ministers to "cleanse" the presidential palace of evil spirits and publicly dedicated Zambia and its government to "the Lordship of Jesus Christ" (Freston 2001: 156-59). Another country in which Pentecostals are known to have been involved in national politics is Ghana. For example, when the national airline (Ghana Airways) was facing operational and financial problems, a Ghanaian-born, London-based Pentecostal evangelist was invited to conduct a "deliverance service" to save the organisation from its recurring financial failures (Asamoah-Gyadu 2005).

Pentecostal political engagement has become increasingly entwined with national political history and it has infiltrated many important sectors of African public life (Burgess, 2014). For instance, it has been reported that in Uganda and Kenya, Pentecostals and other evangelicals control many of the national radio and television stations (Bengali 2006) and it is reported that in Nigeria, the Pentecostal Redeemed Christian Church of God produces Christian-themed movies that have beaten secular rivals at the box office (Murphy 2006).

Martin Lindhardt (2014) suggest that much of this power has emerged because Pentecostal/Christianity has responded to the social and cultural concerns of many Africans, and its growth and increasingly assertive presence in public life has facilitated new kinds of social positioning and claims to political power. Furthermore, scholars such as Asamoah-Gyadu (2005) suggest that when some African heads of state have faced deepening political crises and increasing criticism from mainstream church leaders, they have turned to Pentecostals for religious and moral legitimization, which some Pentecostal leaders have been eager to provide by “top-down” mobilization. Interestingly the literature also suggests that as activism by Muslim politicians and groups in parts of Sub-Saharan has increased, this has provided another stimulant to Pentecostal and evangelical public involvement (Amadi 2004). For example, Nigeria’s entry into the Organisation of the Islamic Conference in 1986 and the spread of Sharia law in northern Nigeria in the late 1990s, prompted greater Pentecostal and evangelical participation in national debate and decision-making (Ojo, 2004).

Moreover, van Dijk (2000) examined the growth and spread of charismatic Pentecostal churches in Sub-Saharan and suggests that a significant characteristic of Pentecostalism in Africa is its fascination with modernity, with modern styles of consumption, new technologies, and the achievement of a dominant position in modern everyday life and suggests that its ideology appears to be profoundly inspired by an anti-traditional and anti-nostalgic paradigm. van Dijk (2000) purports that, paradoxically, the Pentecostal charismatic churches have developed into agents of change in countries such as Ghana and Malawi. However, it might be suggested that this observation is an over-simplification of the advancement of Pentecostalism in Africa because as I suggested earlier, it is possible that this may also be linked to the historical and cultural beliefs in and practice that find a resonance in Pentecostalism.

3.3.7 Pentecostalism in the United Kingdom

Pentecostalism has existed in Britain since the beginning of the twentieth century and it is estimated that there are approximately 17,000 Pentecostal churches in the UK (Hunt, 2016). Two Pentecostal denominations can claim to have some of the largest Christian congregations in

Britain with the *Elim*, with some 550 churches in England and Ireland, and the *Assemblies of God* with some 600 churches in the UK with a membership of nearly 70,000 (Hunt, 2016). Scholars have suggested that there have been four different waves of Pentecostal and Charismatic Christianity in Britain (Osgood, 2006 and Coleman and Hackett, 2015), identifying these as:-

Wave one: Britain's Indigenous Pentecostal Churches. The first of strand of Pentecostalism in Britain was linked to British Indigenous Pentecostal Churches and they came into being in Britain in the 1930s. Indigenous Pentecostal churches are still the most geographically wide-spread expression of Pentecostalism in Britain today, with many well-established congregations found in towns and cities, often from their own purpose-built premises, whilst newer congregations operate out of schools and community centres to reach more local communities (Osgood, 2006).

Wave two: the Indigenous Charismatic Churches. The Charismatic movement found some acceptance in many local denominational churches, although this was by no means universal. Pentecostalism in the form of the Charismatic movement has also impacted the mainstream denominations (i.e. Protestant and Catholic), from the 1960s onwards with an emphasis on the Pentecostal baptism of Spirit and charismata. While its impact has been weakened as church attendance generally has declined, some of the cultural trappings of Pentecostalism remain such as expressive worship forms (Hunt, 2016). Many of these British churches retained connections with global networks and, in particular, evangelical revivals in the USA (Hunt, 2016). However, there were also Caribbean Diaspora Pentecostal Churches, with the request for Commonwealth workers to come to work in post-war Britain, there were high levels of immigration from the Caribbean in the 1950s and 1960s, in the 'Windrush' era, (Gidley, 2011, Osgood, 2016). Many of these Afro-Caribbean migrants found themselves alienated from the established churches and therefore they created their own churches. Many of these were Pentecostal in nature and today they dominate mainstream Pentecostal denominations with many Caribbean denominational churches occupying their own premises and contributed greatly to the life of the Caribbean diaspora, advocating for rights and meeting social needs as well as spiritual ones in Britain (Osgood, 2016).

Wave three: New Church networks: The literature suggests that from the 1960s onwards, new churches with ‘an openness to the gifts of the Holy Spirit’, were formed throughout Britain, often in people’s homes, giving rise to what was initially known as the House Church movement but is now better known as the New Churches movement (Osgood, 2012, Aldred, 2005).

In the 1970s, these churches formed a number of ‘apostolic networks’, taking oversight from a lead figure, who would often surrounded himself with a leadership team. In the 1980s several of these groupings became widely known for their annual Bible weeks. Today many of these ‘New Church’ networks are stronger than they were at their formation, effective succession is taking place and local churches around the country are continuing to grow to a size that belies any ‘house church roots’ (Allan, 2004).

Wave four: Pentecostalism linked to the African Diaspora Pentecostal Churches. It has been suggested that African immigration into Britain in the 1960s also led to the establishing of a significant number of Africa Churches, with their founders experiencing similar struggles to those of the Caribbean Pentecostal denominations (Osgood, 2012; Cox, 1995). As suggested in my earlier chapter, many of the Africans migrants who came to Britain contributed to the labour force and many of these workers, especially from Sub-Saharan Africa, participated in the founding of churches in cities such as London and Yorkshire (Harr, 1995; Van Dijk, 1997; Killinggray, 1994). The literature seem to suggest that various types of churches were funded in the 1960s in London by so-called African worker-students (Goody and Groothues, 1997; Harris, 2006 cited in Krause, 2014), who had suspended their education to earn money to survive as they could not return to west Africa due to political tensions (Daswani, 2001; Harris, 2006). The late 1980s and 1990s also witness a new wave of black immigrants, especially from the West Africa who came to the UK in what has since been called a “reverse mission” movement.

3.3.8 Reverse mission:

‘Reverse mission’ refers to the notion whereby missionaries are sent to ‘Europe and North America by churches and Christians from the non-Western world, particularly Africa, Asia, and Latin America’ (Ojo 2007, Adogame, 2015). It has been suggested that many of these reverse

missionaries refer to themselves as coming from the 'majority world' (Fesenmyer, 2014) and the term is often used as part of a critical debate concerning the globalisation of religion and is often used to signal a re-positioning of people from parts of the world that have historically lacked geopolitical power (Freston, 2010). Indeed Byrnes (2016), argues that reverse missions allow religious communities to speak for their community members who are living abroad and are often profoundly affected by the foreign policy of the USA but have no political platform in the United States from which to be heard. Reverse missions, is increasingly being presented as a form of South-South religious trade, aiming at breaking the stereotypes that places the North Atlantic at the centre of the religious universe (Adogame and Spickard, 2010).

It can also be seen as part of an enterprise to 're-Christianizing' Europe and North America, claiming a 'divine commission' to spread the gospel against the perceived secularization, decline in church attendance and moral decadence of the West (Adogame, 2015, (Harris, 2006) with many missions constructing themselves as international ministries (Hunt and Lightly 2001).

Research suggests that there has been a change in church populations in England in recent years and during the period 1998 to 2005, non-white church attendance in England increased by 19%, while white church attendance decreased by the same amount (19%) (Fesenmyer, 2014). The highest percentage of black churchgoers can be found in Greater London with the growth in church attendance coming primarily from Pentecostal churches and they accounted for 52% of all churchgoers in London in 2012 (Brierley, 2013, Rogers 2013), although Fesenmyer (2016) argues that while African-initiated Pentecostal churches are on the rise in the United Kingdom they have taken over various spaces, particularly in London (not just churches), therefore making them difficult to 'count'.

The literature suggests that there is a strong entrepreneurial church-planting culture in Britain with new independent congregations being established in schools, community centres and former industrial units, with some, who have seen membership grow into the thousands, purchasing former cinemas and theatres (Krause, 2014; Osgood, 2006). Burgess (2016), examining African Pentecostal churches in Britain's urban spaces, suggests that in recent decades, London's

religious landscape has undergone significant changes due to the presence of African Pentecostal churches. Many of these are located in post-industrial estates or share spaces with other religious and secular groups, indicating their marginalized social status. In their search for a permanent place of worship, African Pentecostal churches have often moved from place to place and this has hampered their organisational structures, numerical growth, and their capacity for civic engagement. Invariably, financial constraints and planning regulations are the main obstacles to obtaining a building of their own. Once they do so, congregations are sometimes left with heavy debts and the added financial burden of renovation and refurbishment (Burgess, 2016). However, there are also numerous smaller churches across Britain that have also been established by migrants from Africa, (Krause, 2014). These include small groups of people who gather in private living rooms and larger congregations, who meet in converted industrial buildings and temporary shelters. Others were funded from large inaugural churches that were established across Europe, and London has inaugurated networks of churches across the globe, including establishing new Pentecostal churches in Africa (Krause, 2011b). In a sense there is free flow of Pentecostal Churches being established around the world.

Many of these were members of the newer, independent Pentecostal churches that were emerging in Africa, influenced by the Charismatic emphases that was gaining ground in Britain and America in the 1970s (Osgood, 2006). Leaders of these churches quickly became aware of the needs of their diaspora members and saw the benefits of sending pastors to 'plant' branch congregations in Britain. Some of these 'reverse mission denominations' have been spectacularly successful in starting and growing churches, usually more from among other black immigrants than white people (Hunt 2016, Coleman and Hackett, 2016). Among them, for example, are the *Redeemed Christian Church of God*, which has over 400 congregations 'planted' by 'mother churches' from West Africa as part of an international network with representation in many large cities and towns (Hunt 2016) and they have started 700 churches in the UK in the last 20 years and have a church in at least two-thirds, (64%), of the towns in Britain (Osgood, 2012; Cox, 1995).

Adogame (2015) argues that many of the new West African churches have systematically set out to evangelize London and rest of the UK. This debate has been interesting for reflecting on my own study because Pentecostal and charismatic churches, such as the Sanctuary church (where I conducted my study), are shaping African Christians through their increasing involvement on the wider global stage. Thus, in the case of the Sanctuary Church, it has established branches of the church in London, Ghana and Italy, and it could be suggested that the Sanctuary church is both a global and local church.

Interestingly research suggests that most of the large Pentecostal churches in London were established not by communities but by individual African church leaders, who originated from Sub-Saharan Africa (Hunt 2016). However, there are other diaspora related Pentecostal Churches established in Britain, for example, new churches have been established in Britain by South American, Far East Asian and many other diaspora groups and it has been suggested that as Pentecostalism has grown globally, more and more migrants entering the UK have had a desire to see their 'national brand' of Pentecostalism established in Britain (Hunt 2016). Interestingly, the literature seems to suggest that some enthusiastic Pentecostals within the non-UK-based diaspora community now see Britain as a mission-field, which they believe they have an obligation to evangelise on the 'you brought the gospel to us, we now need to help you' basis, a thinking also widely evidenced among African migrants (Osgood, 2006). The pattern of international Pentecostal engagement in Britain is now extensive (some of the strongest youth-oriented churches recently established in Britain have links to Australian Pentecostalism (*Osgood, 2006*),

In accounting for the growth of Pentecostalism in Britain, Creed (2016) has suggested that as many Black Pentecostals in the UK are immigrants from countries where there is no welfare state safety net, or right to free health care (and may find they have limited rights in their new country too), they are more likely to develop a culture of self-reliance, dependence on the extended family, and belief in the power of prayer to intervene their disadvantaged lives. Many also believe in the concept of a full 'Four Square Gospel', which encompasses mind, body, soul and spirit (Burgess, 2016). This is a belief not only in spiritual salvation and baptism in the Holy Spirit, but also bodily healing, mental well-being, and deliverance from poverty, and even personal prosperity (Burgess and Van De Maas, 2003). Taking literally the sentence from the Christian Bible, in the Lord's

Prayer, *'Thy Kingdom come on earth as it is in Heaven'* many Pentecostals believe that their material conditions will change as an outworking of spiritual blessing, and that the achievement of prosperity, well-being and even wealth, are all part of the Gospel (Burgess, 2016). So in some churches, material wealth is also perceived to be a spiritual resource. And capital is often considered to have been achieved through the mechanisms of prayer, faith, tithing, self-employment, networking, and education (Burgess and Van De Maas, 2003).

3.3.9 Summary

It has been interesting to read in the literature that although the term "Pentecostalism" is often used as if it is a single concept, there are significant differences between Classical, Charismatic and Neo Charismatic Pentecostalism. As a Christian believer who identifies with some of the doctrines of Pentecostal beliefs, it was illuminating to learn that, there are contradictions in the different beliefs surrounding Pentecostalism, which provoke questions about the relationship between Pentecostal identity belief and health. For instance, I was astonished to read that some Pentecostal groups encourage people with mental health concerns to reject medical treatment in the pursuit of a new identity backed by commitment and faith (Dianoia 2003). Moreover, in the some of the literature it was noted the presence of a majority of female adherents and that this may be an important characteristic of Pentecostal audiences (Anderson, 2010; Robbins, 2004). I found this revelation in the literature thought provoking, however, as I was not aware of this until after I had completed my fieldwork I did not raise gender issues in my qualitative interviews, although it was true that there was a high attendance of women at the Sanctuary Church. As a researcher and a Pentecostalist myself, it has been quite incredible to learn from the literature that Africa is now developing a "reverse mission movement" that has reformulated the Christian landscape of Europe. In the following chapter, I will be reflecting on the role of culture and identity on health beliefs.

Chapter 4: Reflecting on the role of culture and health beliefs

4.1 Introduction

In this chapter, I want to reflect on some of the literature that explores the role of culture on health beliefs. This reflection will help to establish the context of my own research because my study aims to gain a greater understanding of how people with shared cultural beliefs (about God and healing), as well as some aspects of a shared culture (although from a wide range of Sub-Saharan countries), seek help for their health concerns, as well as their emotional and physical distress.

4.1.1 Thinking about 'culture'

The literature on 'culture' is extensive and is addressed in a wide range of disciplines and it is interesting to reflect that in the UK, there is now a 'culture test' for those who want to become UK citizens (Burnard and Gill, 2008) as this seems to imply that there can be a homogenous culture. Different sociologists and anthropologists have interpreted culture in very different ways (Geertz, 1973) but the concept is often used to imply a group of people with a shared interest or experience but not necessarily a shared language or history, or regional culture (Burnard and Gill, 2008). However, the social anthropologist Helman (2007) offers a useful lens to examine culture and suggests that as people are social beings, we often organise ourselves into groups and this provides us with the basis for social, political and economic organisations and significantly, it is our experiences as a member of these specific groups, or societies, that shapes our view of the world. An earlier writer Kluckholm (1969) suggested that culture covers the total way of life of a particular set of people and suggests that the term refers to what *"individuals acquire from the group they belong to; it is about ways of feeling, thinking and behaving; it is an abstract way of looking at behaviour; it is a collection of pooled learning; it is a set of responses to recurrent problems in a particular group; it is about learned behaviour and refers to a way of regulating behaviour; it is set of ways for adjusting to the environment"*

and other people; it is what emerges from history, and lastly it is a map of behaviour”
(Kluckholm, 1969:p.7)

Although this definition may be considered as dated, I feel that Kluckholm's (1969) definition of culture is useful to support an understanding of my own research because the author considers culture as something that individuals are interacting with, and that it (and we) have the capacity to adapt and change. Although as Rapport and Overing (2006) remind us, it is important to remember that culture is something that everyone has and it is not just ethnic minorities who have a culture. Indeed, while we may consider the cultures of 'others' to be vastly different from our own, it is the framing of 'difference', when we tend to notice the 'culture' of 'others'. Therefore, it might be suggested that culture can be seen as an 'inherited lens' through which the individual perceives and understands the world that they inhabit and learns how to live within it (Helman, 2007). Yet in many ways, this perspective implies that culture is something that is imposed upon us, and this viewpoint negates our sense of agency, (i.e. that we are also actors who can make decisions that can challenge the dominant cultural ideas). Yet as Aziza (2001: p.31) asserts, our sense of agency is also connected to our culture and identity:-

“Culture...refers to the totality of the pattern of behaviour of a particular group of people. It includes everything that makes them distinct from any other group of people for instance, their greeting habits, dressing, social norms and taboos, food, songs and dance patterns, rites of passages from birth, through marriage to death, traditional occupations, religious as well as philosophical beliefs”.

From reading the literature, my own understanding of culture is that is co-created and constantly open to change and as Handler (1994) asserts, *“culture gets constructed, deconstructed, and reconstructed as people pursue their identities”* (1994:p27), in other words, identity is not fixed but an interchange and flow between individuals and the cultures that influence them. Therefore, when I talk about 'culture' I see it as a broad set of guidelines (both explicit and implicit) that individuals both inherit as members of a particular society and interacts with. This can inform not only language and but also frames how an individual both experiences and expresses their beliefs and how they behave in relation to others and the natural environment. This includes spiritual belief and practices concerning health, supernatural forces or gods, and our relationship to these. I also consider culture to be fluid

and open to interpretation and although cultural values can be transmitted through the use of cultural expressions such as music, symbols, language, art and ritual, they are also open to change (Helman, 2007). Yet as the participants in my study originated from Sub-Saharan Africa, it is also important to reflect that as migrants, they would have been exposed to new and different cultural experiences and that religion and the Church seemed to offer a place where they found shared values and a new community of belonging.

There is a strong literature on the impact of culture on our health beliefs and practices and while some people consider sickness to be caused by germs, others by God, chance or witchcraft, or even a person's own moral failure (perhaps caused by 'sin'), and therefore, a person's response to illness will be a reflection of these beliefs. Interestingly, because of our own cultural lens, there is often an expectation among health professionals that others will be like 'us' but as Ellsworth (1994) suggests, people vary in the way they view and respond to illness. These perceptions are important, especially when health professionals care for the needs of different patients in the health care system, because they cannot assume that their patients will hold the same views of illness as themselves (Burnard and Gill, 2008). Hillier and Kelleher (1996) have suggested that given that illness is amenable to cultural influence, it becomes crucial that the needs and outcomes for patients would be better appreciated and achieved, if attention is paid to the patient's conceptualisation of the problem.

4.1.2 Religion and healing in Africa

I thought it might be useful to offer a quick overview of the role of religion in Africa and specifically at the relationship between religion and healing, before examining the role of healing in Pentecostalism. As someone who grew up in Ghana, I was very much aware from my early years of belonging to an 'African culture' and I became aware that religion was the axis around which every activity revolves and as Ezedike (2009) suggests, African cultures contain both material and non-material elements, that are socially transmitted from

one generation to another and African religious values seem to permeate every aspect of African life and as Idang (2009) suggests, anything can be imbued with spiritual significance.

In many ways it may be considered difficult to typify African traditional religions but several writers have highlighted some of the underlying similarities found in many African religions and they are often rooted in indigenous belief systems. Some writers have described indigenous beliefs as convictions which have originated, nurtured and been sustained by Africans, on African soil, or transmitted out of Africa by Africans) and many indigenous beliefs are considered to be, handed down from generation to generation. (Ajima and Ubana, 2018; Ekpunobi and Ezeaku 1990).

4.1.3 The construction of illness in traditional African beliefs

Traditionally across Africa, people have used folk medicine (also known as ethno medicine, spiritual healing and/or traditional healing) to explain the causes of illness and disease as well as the cures (Westerlund, 2006) and long before the advent of Western medicine, research suggests that Africans had their own way of managing diseases with healers often prescribing traditional solutions to diseases, whether it had spiritual or physical causes (Truter, 2007). Research suggests that in many traditional belief systems, disease is often considered to be caused by external agencies, such as attacks from evil or bad spirits

(Ajima and Ubana, 2018; Westerlund 2006). Consequently, many African traditional religions are based on maintaining the balance between the visible and invisible world, maintaining harmony that influences the perceived quality of life, including a person's health (Westerlund 2006). Other writers have also suggested that traditional African religious healing practices have played an important political role in community health, by promoting resilience during times of colonial and neo-colonial repression and focusing on transformation and the welfare of the community (Magesa, 1997).

Traditional African health practitioners have included medicine men, diviners, magicians, and witchcraft, although research suggests that witches, evil magicians and sorcerers are often hated in many communities (Mbiti 1969:23) and it has been suggested that sorcery and witchcraft are used to harm enemies and many people acquire protective objects or shrines to protect themselves or their family from harmful witches or sorcerers (Ajima and Ubana 2018; Ekpunobi and Ezeaku, 1990).

However, many traditional religions (and modern Christian religions) also contain the concept of a supreme being (Idang,2009, Ezedike, 2009; Hucks and Tracy, 2013), with sorcerers and diviners often being seen to be mediating between God and humans (Umoh 2005; Idang, 2009; Mbiti, 2012,). Moreover, Umoh (2005: 68) purports that African traditional religion commonly holds a belief in the existence of 'the human soul that does not die with the body and above all, it holds a moral sense of justice and truth and the knowledge of the existence of good and evil'. These shared beliefs and values seems to be common and cherished by most groups and lineage in African societies (; Etuk, 2002; Mbiti, 2012;Ezedike, 2009; Umoh, 2005; Ekpunobi and Ezeaku, 1990), and as I suggest in the section on Pentecostalism in Africa (see chapter three), religion even permeates politics today across.

Certainly in recent years there has been an increasing interest in the role of traditional medicine in Africa, and it has become especially important as it often the primary source of health care for many people. For example, the World Health Organisation, (2013, 23) has identified that in Africa, the ratio of traditional healers to population is '1:500, whereas the ratio of medical doctors to population is 1:40,000" the same report suggests that 'for millions of people in rural areas, native healers therefore remain their health providers.

A number of other writers have also identified why people might use traditional medicine rather than bio-medical services. Abdullahi (2011) also suggests that as traditional and religious healers are often more culturally compatible with people's belief systems, then they are more likely to use traditional healers. Moreover, Kofi-Tsekpo,(2004) suggests that although Western medicine is available across Africa, these services are is often financially

and practically inaccessible to many people. These views are supported by the evidence from a recent systematic review on traditional, complementary and alternative medicine use in Sub-Saharan Africa (James, Wardle and Steel et al., 2018). This review found that traditional, complementary and alternative medicine (TCAM) were frequently used alone, or in combination with orthodox medicine but notably, the people most commonly using these forms of medicine are usually from a low socioeconomic and educational status. So while traditional health practices across Sub-Saharan Africa are often related to people's cultural beliefs about health and healing, and traditional healers play an important role in delivering health care, it is also important to recognise that limited access to biomedical services may also influence the types of health services that people access.

Across Africa, religion and healing are often considered to be intricately interconnected and in many African cultures, ancestors are often considered to play a vital role in maintaining the health of the community (Shoko, 2016). However, these beliefs are not confined to traditional religions as they have also been adapted by new religious systems, often manifest in the phenomenon of Independent Churches. Shoko (2009:34) observed that 'a striking feature of the modern religious scene in Africa in which most believers have expanded their traditional religion with an imported religion' indicating that African indigenous religions are not 'traditional' in the sense of belonging to the past, rather, that 'indigenous' religions perpetually emerge in new forms and under new conditions, and thereby continue to play a central role in the lives of African peoples throughout the continent (Shoko, 2009).

4.1.4 Personal reflections

As a Christian from an African cultural background, my personal religious belief and cultural practices that I have embraced from my early years are central to my life. On various occasions, my religion, belief and culture are sources of moral purpose and personal strength during difficult times in my life and the lives of my family, such as ill-health, healing, suffering and death in my family. Reading the literature on indigenous and traditional healing has been pertinent to my original research question, because although people attending the

Sanctuary Church do have access to free health service in London (via the NHS), many people seek help from the Church rather than from local health services. It was also notable from my research findings that some of the people who attend the Sanctuary Church in London, also attributed the cause of their ill health to witchcraft (see chapter 7.3)

4.1.5 Summary

I have suggested that our cultural background is important and it influences many aspects of our lives, although the culture into which we are born, or of where you live, is never the only influence, as we often move across societies, and we may change or adapt our inherited cultural norms, for example, through migration, or other social processes. However, culture is also a constantly evolving concept and we continue to modify ourselves in the light of different influences (Burnard and Gill, 2008). In this section I have also outlined how our cultural background and the context of our lives can influence how we explain and understand the origins of illness and how we seek help for illness. Specifically, I have offered an insight into some of the cultural beliefs and concerning indigenous and traditional beliefs in Africa. In the following section, I will briefly outline the role of healing in Pentecostalism, and this is also examined in more detail in the findings section of my thesis (chapter eight)

4.2. Healing in Pentecostalism

What is significant about Pentecostal healing is that we are not discussing the bio-medical model of health and healing (i.e. the physiology of the body, the causality of illness, diagnostics or treatment) but an approach that addresses ill-health from the perspective of spiritual causality.

4.2.1 The role of healing in Pentecostalism

Different scholars across a wide range of disciplines have discussed Pentecostal healing (Csordas 1988, 2002 and Dow 1986) and a predominant theme that emerges from the literature is that miracles and healing are highly valued in Pentecostalism and charismatic

movements. Indeed as Anderson (2002) suggests, these facets are often seen as one of the main attractions of Pentecostalism.

Healing in Pentecostalism involves many characteristics, for example, for most Pentecostals, communication with the Holy Spirit is significant and it is conceived to be, first and foremost, an embodied experience. For example, from my ethnography and qualitative interviews data, vigorous praying (screaming, jumping on the spot), singing and dancing are just some of the common bodily practices displayed by the people in the Sanctuary Church (other bodily practices some of the people in this church sometimes engage in include fasting from food). Anderson, (2002) describes how vigorous praying is often used as a channel by some church participants to achieve their goals and to chase off the devil. Palmary and Núñez , (2015) also highlight how spiritual healing involves a fight against the devil and these experiences are lived in the body and healed through the body and this is also reflected in my own study. Therefore, I thought it might be useful to briefly look at the construct of the body in religion because it is both the vessel through which we live our lives and often (but not always), the site of healing practices (religious or otherwise).

4.2.2 Construct of the Body in religion

Bodily process are what bodies do; for example, walking, sleeping, praying and singing and humans are biological creatures, and therefore their bodies are involved in everything they do. (Ahlbäck and Dahla, 2010).

While Kamppinen (2010) refers to the concept of the body as a self-maintaining biological unit that starts in fertilisation and transforms into a corpse in biological death, the literature seem to suggest that the 'body' is historically and culturally variable, at least insofar as it enters into discourses and practices.(Giordan, 2009) and as Coakley, (1997:15), purports, the concept of "body" is subject to infinitely variable social constructions and so we cannot assume that we know what the 'body' (so called) means in different cultural and religious context. Coakley (1997) argues that although it may be methodologically expedient to revert to a "commonsense" notion of what constitutes 'the body', we must be clear that these

assumptions emerge out of a particular context and that other traditions may understand these same “bodies” in various different ways.

Coakley (1997), characterises four views of the body, firstly, following the work of Foucault, the body can be considered as an effect of deeper structural arrangements of power and knowledge. Secondly, it is symbolic system, which produces a set of metaphors where power is conceptualised. Thirdly, the body can be understood as a consequence of long-term historical changes in human society. Fourthly, the body can be understood in the context of the lived experience of everyday life. However, Coakley, (1997) argues that the construction of ‘the body’ in history has one thing in common: that it challenges any assumption about the ontological coherence of the body as a universal historical phenomenon.

Furthermore, Coakley (1997), purports that the human body is complex and we can understand the complexity of the body in human culture by considering the language with which we describe the presence and nature of the body in human interaction and that the possession of bodies can be seen as a convention of language. As Coakley (1997) and other authors have highlighted (Eriksson, 2010, Ahlbäck and Dahla, 2010), we cannot take ‘the body’ for granted as a natural, fixed and historically universal datum of human societies because it has many meanings within human practice, and can be conceptualised within a variety of dimensions.

4.2.3 The body and Christianity

It is clear from the literature that the relationship between the body and religion is complex however, I feel that an understanding of the role of the body in religious practice is important because it often informs how people give meaning to their body and how they seek help when they are ill.

Giordan (2009) asserts that Christianity often has had a conflictual relationship with the flesh, not only distinctly separating the soul from the body, but also providing for practices that deem the body to be a site of danger and this leads to practices such as the

“mortification of the body”. The key word to understand in this relationship is “asceticism”: This concept refers to the efforts through which an individual desires to progress in his/her moral, religious and spiritual life and the concept always alludes to a striving for perfection, based on the submission of the body to the spirit, recalling the symbolic distinction between exterior and interior life (Giordan, 2009).

According to Giordan, (2009), the control that religion has exercised over the body has been implemented through a complex system of rules that govern everything from sexuality to dreams, from food to desire, from work to emotions, from medicine to dress, from birth until death, including even the celebration of mourning. Giordan (2009) suggests that attitudes towards the body in the West have changed profoundly over the last two centuries as a consequence of two social turning points: namely, the revival of sport in the 19th century, and the sexual revolution in the 20th century. He suggests that these wider social changes also began a series of changes that would lead to the “spiritual rediscovery” of the body and this rediscovery, has been largely and intensely examined by the feminist movement (Giordan, 2009).

4.2.4 The body in Pentecostal healing

Palmary and Núñez (2015) have examined the role of the body in Pentecostalism and suggest, that as with many other religions, the body serves as a vehicle of social practice and is the central medium to achieve divine healing. Significantly, the authors highlight how healing is often too easily associated in the literature with the physical and psychological body of the individual. Yet, as Núñez (2015) suggests, Pentecostalism often involves collective healing and the authors argue this can be important as this makes more overt. In Pentecostal healing, people believe that God does exist and they can communicate with Him through prayer (Offiong 2003) and the ‘power of prayer’ is usually understood as an interaction between human beings and other kinds of beings, that would not otherwise occur (Hanks 1990,; McCreery 1995). Language therefore is the means by which most Christian

believers can communicate or commune with God and each other. Ndimele (1999), asserts that language is often described as a semiotic system, because it entails the use of certain agreed-upon symbols or signals to convey meaning from one person to another within a speech community. However, this also raises some interesting issues in relation to non-verbal communication that is common in many Pentecostal churches because people communicate in prayers and body movement, as well as using glossolalia (speaking in tongues).

However, Ugot, (2014) suggests that some Pentecostal churches have introduced a new vocabulary into the English language and as such, the vocabulary is now widely accepted by the congregation and is integrated as part of their language and belief structure. Ugot, (2013), describes these words as “neologisms” and suggests that these new words may help to give expression to experiences and or feelings that fall outside of the dominant language.

Interestingly Hovi (2010), writing on the subject of ‘Praise and Worship’ in Neo-Charismatic movements suggests that the difference between praise and worship is that fact that joyful and upbeat songs of praise are often accompanied by dance or jumping, and that this leads the person towards more contemplative worship, into experiencing God’s presence more deeply, so that everything else loses its meaning. Hovi (2010), seems to suggest that praising is supposed to function as a method that moves a believer to a particular state of mind and to hear God’s talk. In these circumstances God is also said to be able ‘to heal’ a person and make him or her ‘whole’. The experience of getting healed or receiving power in one way or another is often described in narratives concerning acts of praise (Ahlbäck and Dahla, 2010).

In addition to language and symbolic expression, research suggests that in many Pentecostal churches, church leaders (Pastors) often violate cultural spatial proximity (through touching, shaking, shouting, etc.) as well as through the use of the space when they preach and heal the congregation (Ugot, 2013). Other writers have also commented on the role and use of personal space in healing and Nelson and Pearson (1990) have reflected on the non-verbal signals used in healing such facial expressions, eye contact,

emotional tears, shifts in posture, waving of arms and hand, pointing in the direction of the sky (and I also found this in my fieldwork). Therefore, the literature on Pentecostal healing (and my own research) indicates that healing processes are frequently 'embodied' in very visceral ways.

However, through my review of the literature concerning healing and Pentecostalism, it has been notable that many writers are negative concerning their assessment of Pentecostal healing. For example, Csordas, (2012, 2002; 1988) and other scholars have compared faith healing with, and measured by, biomedical standards and seem to doubt whether Pentecostal healing has "real" effects according to medical standards. Moreover, Csordas (1988), argues that Pentecostal healing often does not have great "physical" evidence and suggests that Pentecostal healing is not only useless but also harmful for the individual engaging in it. Other critics, such as Randi (1989:109) and Rose, (1971) have shared similar views by expressing their bewilderment at not just the boldness of the healers but also by the seeming irrationality of the believers. Other writers have suggested that such healers only produce "only a placebo effect," (McGuire 1991:228). However, it was interesting to notice that not all scholars share the same views about faith healing in Pentecostalism. For example, a systematic literature review conducted by Ernst (2003:114) on this topic seems to suggest that recent rigorous studies have "shift the weight of the evidence against the notion that healing (to one that suggests it) is more than a placebo.

4.2.5 Reflection

Although, the critical debates and approach adopted by some scholars in looking at healing in Pentecostal churches appear to be mainly negative, I feel these debates have brought some insights and contributed to the understanding of Pentecostal healing. According to Stolz (2011), the negative value judgements of some of the critics have prevented them from giving satisfactory answers to important questions. For example, they have been unable to explain why many Pentecostals persist in believing in their healing, even in the face of seemingly contradictory evidence or why they actually help the healers to perform

their “social techniques.” Stolz (2011), also highlights how many of the critical authors have failed to understand why Pentecostal healing may be successful, as a social enterprise, in the long term. The insights from different researchers and writers are important to my own study because it helps us to understand that peoples’ ideas about spirituality (either in the context of religion or otherwise), can influence not only their understanding of their own bodies but also the origins of illness, their health beliefs, and help- seeking behaviour and clearly this has implications for their health outcomes. I hope that this chapter has helped to establish some of the foundations for understanding the relationship between religion and healing as many of these debates were to become significant in the relation to my own study. However, before I share my ethnography and fieldwork findings, in my next chapter, I will discuss the methodological approach to my study.

Chapter 5: Methodology and Methods (Part 1) Methodology

5.1 Introduction

There are many approaches used to understand research and the way it is structured but the two dominant paradigms are the quantitative/positivist (scientific paradigm) and qualitative/ 'interpretivist' paradigm). According to Greenwood and Thorogood (2004), the generation of new knowledge may be dramatically influenced by different and often conflicting theoretical perspectives within the nature of theory development and therefore, an understanding of these perspectives is crucial in order to conduct good quality research. This chapter is divided into two parts. In part, one of this chapter, the discussion offers a brief examination of some of the main distinctions between the two paradigms and it highlights the practical implications of these assumptions when investigating the social world.

The majority of my research was based on an ethnographic work and I also conducted formal interviews with key informants following my ethnographic fieldwork. In part two of this chapter, I will discuss issues relating to my research methods, including: gaining access to the field, ethical considerations, data collection, leaving the 'field' and my approach to data analysis.

5.1.1 The positivist paradigm

Positivism is an epistemological position that advocates the application of methods used in the natural sciences, seeking to understand the world through 'facts'. But the term stretches beyond this principle, although the elements of what is considered to be positivism, varies between authors (Bryman, 2008, Stake, 2000a; 2000b). The positivist paradigm is also known as the quantitative paradigm and is sometimes referred to as the scientific, or experimental paradigm and this approach attempts to present an objective picture of the

world (Bryman, 2008, Stake, 2000a). Bryman (2008) referred to this approach as objectivism and defines it as:

“as an ontological position that asserts that social phenomenon and their meanings have an existence that is independent of the social actors. It implies that social phenomena and the categories that we use in everyday discourse have an existence that is independent or separate from actors” (Bryman, 2008: 17).

Using a positivistic approach the researcher attempts to attain objectivity by use of specific tools for data collection, such as standard measures, and mathematical and statistical modelling and analysis. The goal of the positivist investigation is to describe the world as having an objective reality and they explain their realities in a linear and aetiological way (Stake, 2000a; 2000b). This is often described as a ‘deductive paradigm’ as this approach reduces complex behaviours into a simple set of variables that offer the possibility of identifying a cause-and-effect relationship (Sui and Comerasamy, 2013; Lincoln and Guba, 2000).

Proponents of quantitative research methods believe that scientific knowledge can be proven and is discovered by rigorous methods of observation and experiments, and they follow the natural science approach by testing theories and hypotheses (Holloway and Wheeler, 2010; Bryman, 2008). Although the development of scientific enquiry has been very influential, it is not the only way that the world can be understood.

5.1.2 Interpretivist/qualitative research

Interpretivism (that is also known as ‘constructionism’ or an inductive method); focuses on the way people make sense of their world and give meaning to their experiences (Holloway and Wheeler, 2010). Interpretivism is usually presented as an alternative to the positivist view in research and some writers have suggested that this approach is needed, as it respects the differences between people and objects of natural science and therefore requires a different approach to grasp the subjective meaning of action (Bryman, 2008). As an approach it attempts to provide a detailed description and analysis of human experiences

(Sui and Comerasamy, 2013.) and the qualitative researcher is often involved in piecing together the snap-shots of data from different participants in order to create a whole picture (Sui and Comerasamy, 2013). Qualitative research often focuses on abstract concepts, such as feelings, perceptions, experiences, and to a certain extent attitudes, values and beliefs (Holloway and Wheeler, 2010; Bryman, 2008). The richness of the data collected is achieved through in-depth exploration of complex phenomena and it is often collected in a naturalistic setting such as a school, hospital or a factory (Sui and Comerasamy, 2013; Holloway and Wheeler, 2010). Significantly, the qualitative researcher is constantly questioning the data presented to them, as the fluidity of the concept being explored challenges the researcher to frame and capture its meaning (Holloway and Wheeler, 2010) and so the researcher is usually understood to be an essential part of the data collection and clearly is located in the process of analysis.

It is also useful to note that the qualitative paradigm is also referred to as constructionism by some authors and Bryman (2008) provides an interesting explanation of this term, which is significant to my thesis because his ideas impacted on my decision about which methodological stance I was to adopt for my research. Bryman (2008) defines constructionism as:

“An ontological position (often referred to as constructivism) that asserts that social phenomena and their meanings are continually being accomplished by social actors. It implies that social phenomena and categories are not only produced through social interaction but that they are in a constant state of revision. In recent years, the term has come also to include the notion that the researchers’ own accounts of the social world are constructions. In other words, the researcher always presents a specific version of social reality, rather than one that can be regarded as definitive. Knowledge is viewed as indeterminate” (Bryman, 2008:17).

The above statement was important to my research method because through my fieldwork I have been interacting with people in the church and I have become part of the whole story and this is a common characteristic of ethnography and my role as a researcher in reporting the experiences of people is significant to the study.

Certainly, there are different critiques of the positivistic and interpretivistic paradigms.

One of the critiques of the positivist approach is that it does not incorporate users’ views, and therefore, as an approach, it is not so good at explaining why social phenomenon occur

(Parahoo, 2014, 2006). It is also often critiqued for ignoring the 'situatedness' of the researcher and positivistic methods are usually portrayed as being from an outside (etic) perspective that excludes the insider (emic) perspective (Brewer, 2000). While quantitative researchers have often defended their paradigm as being rigorous and 'scientific', other researchers such as (Parahoo, 2014,2006), have suggested that all research (both qualitative and quantitative) involves judgements made by human minds by reference to human criteria. Because human beings are involved in research, their judgement cannot be totally objective and in order to be successful, qualitative researchers need to keep a check on their subjective influences (Cresswell, 2009; Gobo, 2008, Silverman, 2000).

I have become aware during the process of my studies, of the fact that the two methodological or philosophical stand points are just different ways of doing research with a common goal of exploring the social world and generating knowledge. My own research was intended to gain a deeper understanding of peoples' spiritual beliefs and practices concerning physical and mental health within a Pentecostal church and I felt that by having a close interaction with the people being studied, I would be able to get a better understanding of their worldview. Therefore, I adopted the qualitative/interpretive approach because it was more suitable for the issues under study.

5.1.3 Summary

The discussion in this section presented a brief overview of the two paradigms to justify their relevance for knowledge construction. The discussion highlighted the fact that positivism and constructionism (qualitative and quantitative perspectives) are different approaches to social investigations and they carry with them important epistemological and ontological considerations (Bryman, 2008). Obviously, as theoretical orientations positivism and constructionism have considerable methodological research implications for social research, although there are variations and inconsistencies within each analytical approach and the two perspectives are similar in that they yield useful information depending on the task at hand. Therefore, I agree with Silverman who suggests that *"the two analytical*

frameworks should be thought of as points of emphasis, rather than diametrically opposed standpoints” (Silverman, 2000: p.5).

5.1.4 Methodological approach for my own study

My experience as a mental health professional, combined with my background research for this study, raised the question for me about what help seeking strategies people from Sub-Saharan Africa use when looking for emotional/mental/physical health support when living in the UK. There is substantial evidence to show that many people from Black and other minority ethnic (BME) communities often face a life-time of disadvantage and discrimination and this can have a negative impact on their mental wellbeing (Garner and Bhattacharyya, 2011; Tackey et al., 2011; Keating and Robertson, 2004; Suman, 2003; Costello et al, 2001). There is also evidence that people from BME communities, tend to have poorer physical health and face more barriers in accessing healthcare services than the dominant population (Thornicroft, 2008; Morgan and Fearon, 2007; National Institute for Mental Health in England, 2003; Costello et al, 2001; Spector, 2001; King et al., 2005). Even when people access mental health services, evidence suggests that people of African origin, appear to have a more negative experience and poorer outcomes than people from other ethnic groups when they come into contact with mental health services (Keating 2004; Cammader et al., 1999). Therefore, I knew from both personal experience and the existing research evidence, that accessing health care presents a problem for many people of African origin living in the UK.

In addition, I knew from personal experience, that the church plays an important role in many people's lives and particularly for many African people, due to the inheritance of Christianity in many people's homelands. I wanted to know what influenced people's decision about where to go for help and treatment for their health concerns. I also felt, that because I wanted to look at issues that were of a personal and spiritual nature, that the research lent itself to ethnography, which is a form of qualitative research methodology. Ethnography has been variously described but can be understood as 'a portrait of a people',

it is usually a written description of a particular culture (although sometimes recorded in film) (Gobo, 2008) and the term refers to both a method and the written product of research based on that method Bryman, (2008). My own research has drawn on Brewer's (2000)'s definition of ethnography:

"The study of people in naturally occurring settings or 'fields' by means of methods of data collection which capture their social meanings and ordinary activities, involving the researcher participating directly in the setting, if not also the activities, in order to collect data in a systematic manner but without meaning being imposed on them externally" (Brewer, 2000: 6).

Remarkably, the literature highlights the main aim of ethnography as making sense of the culture of the 'other' (this subject will be re-visited later in my thesis). However, the use of ethnography by practitioners especially, in health and social care settings, has given rise to a different conceptualisation of ethnography, where the aim is to 'render the familiar strange' (by looking again at familiar cultures which they may feel they already know well (Vidich and Lyman, 2001). I chose ethnography as my methodological approach because it involved naturalistic enquiry over a long period of time and consequently this allowed me to build relationships and develop a deeper understanding of practices and beliefs in the Sanctuary Church.

More specifically, my research has drawn on ideas of postmodern ethnography but before discussing my rationale for adapting this approach, I feel it worth providing a brief background and explanation to help the reader understand some of the basic premises of postmodernism.

Kuznar, (2008:78) suggests that the primary views of the postmodern movement might be summarised as including *"an elevation of text and language as the fundamental phenomena of existence, the application of literary analysis to all phenomena, questioning of reality and representation, a critique of metanarratives, an argument against method and evaluation, a focus upon power relations and hegemony, and a general critique of western institutions and knowledge"*.

Interestingly, Kuznar (2008), labels postmodern as anyone whose thinking includes most or all these elements. However, it has been suggested that postmodern thinking arguably

began in the nineteenth century with Nietzsche's assertions regarding truth, language, and society, which opened the door for all later postmodern and late modern critiques about the foundation of knowledge (Kuznar 2008). Nietzsche asserted that truth was simply:

"a mobile army of metaphors, metonyms, and anthropomorphism- in short, a sum of human relations, which have been enhanced, transposed, and embellished poetically and rhetorically, and which after long use seem firm, canonical, and obligatory to people: truths are illusions about which one has forgotten that this is what they are" (Nietzsche 1954: 46-47 cited in Kuznar : 2008: 88).

Postmodern ethnography therefore springs from methodological reflection within the cultural paradigm of postmodernism that transposed its principles into ethnographic practice. Indeed, some authors have suggested that the cultural relativism expressed in anthropological texts demonstrate that anthropology has contributed to our understanding of the post-modern world because as a discipline, anthropology has helped us to see the world as multi-dimensional (Gobo, 2008; Marcus and Fischer 1986, Taussig, 1987), and increasingly recognised the situated position of the researcher in the data collection, analysis and construction of the text (Clifford and Marcus, 1986). However, it is worth noting that proponents of postmodern ethnography have critiqued the ethnocentric prejudices of traditional anthropology, a science whose objective and factual prose they disputed as concealing an attitude of superiority towards *"other cultures"* (Clifford, 1986). Some contemporary anthropologists have criticised the ethnocentrism of traditional anthropology and its inability to describe other cultures adequately. Such analysis has provoked what has been called the *"crisis of representation by throwing into question the ways (rhetorical, stylistic and textual) in which cultures are described and objectified"* (Gobo, 2008:61; Brewer, 2000).

Spiro (1996) suggested that because of subjectivity of human beings, anthropology, (according to the epistemological argument) cannot be a science; and in any event the subjectivity of the human subject precludes the possibility of science discovering objective truth. Secondly, Spiro (1996) suggests that since objectivity is an illusion, science according to the ideological argument, subverts the voices of oppressed groups, (such as gender and

post-colonial perspectives). Indeed, the postmodern research movement has raised doubts about the privilege of any one method for obtaining authoritative knowledge about the social world (Agger, 1990). In particular, the ethnographic genre has been subjected to extensive scrutiny, and several types of ethnographic practices have become available to researchers (Van Manen, 1988). One emergent ethnographic writing practice involves highly personalized accounts where authors draw on their own experiences to extend understanding of a particular discipline or culture. Such evocative writing practices have been labelled 'autoethnography' (Reed-Danahay, 2001,1997). The movement toward personalised research reflects calls to place greater emphasis on the ways in which the ethnographer interacts with the culture being studied.

I have drawn on ideas of various postmodern ethnographies to help me reflect on the process of '*choosing between conceptual alternatives*' (Thomas and O'Maolehatha, 1989, p.147). Postmodernist ethnography suggests that there can be more than 'one truth' that can be represented through an ethnography and therefore exponents of postmodernist ethnography challenge current ideologies and single truths. They maintain that the distinction between nature and culture does not adequately explain the contemporary situation with its huge (and constantly increasing) number of 'hybrid' objects Gobo (2008: p.67) Postmodern thought argues that reality is disordered and irrational, that the strength of scientific explanations is not based on evidence but on rhetoric, and that only relative and conventional truths exist (Marcus and Cushman, 1982). Morse, (1994) suggests that because ethnography is wholly interpretive, different ethnographers would create different accounts, even in the same field of study and therefore, the possibility of multiple interpretations of understanding the culture studied. Indeed, this would be true of my own study and a white, non-Christian, female researcher may well have a very different fieldwork experience to my own (because of their own personal characteristics), even if they conducted their fieldwork in the Sanctuary Church at the same time. Denzin (2000) suggests that there is a need for the ethnographer to have a constant and consistent reflexivity in the research and Gobo (2008) suggests that reflexivity is:

“the self-aware analysis of the dynamics between researcher and participants, the critical capacity to make explicit the position assumed by the observer in the field, and the way in which the researcher’s positioning impacts on the research processes”(Gobo, 2008: p.50).

The implication of this in practice, according to Gobo (2008), is that the researcher needs to be both fully located in the field and in the written text and I have endeavoured to do this during the writing of this thesis.

5.1.5 Writing ethnography

Postmodern ethnographers also recognise both the impossibility of ‘telling it like it is’ (since there is more than one ‘telling’ and more than one ‘is’) and the desirability of going beyond people’s words. Although there seems to be some truth in this argument, I have tried to ensure that my research describes the meanings the people I studied make of their experiences as closely as possible and faithfully to my understanding of their experience, (Silverman, 1999). However, I recognise that this may be seen as a partial narrative and that other people in the Sanctuary Church may interpret the healing process in the Church in a different manner.

Indeed, Gobo (2008) suggests that in the work of Clifford and Marcus (*Writing Culture: Poetics and Politics of Ethnography*, 1986) is famous because *“it definitely situated anthropological knowledge within the limits and ideologies of the western cognitive paradigm, and acknowledged that “enduring power inequalities had clearly constrained ethnographic practice. Thus, writing, similar to reading, can be seen as essentially a political act of meaning construction”* (Gobo (2008: p. 290).

Although ethnography may therefore be seen as ‘constructed’ as an ethnographer, I used detailed description and insights based on my fieldwork to reflect the lived experiences of the congregation in the Sanctuary Church. This detailed use of descriptive language in ethnography is sometimes referred to as ‘thick description’. This term was used by the anthropologist Clifford Geertz (Geertz 1973) and refers to where researcher gives an

account of the context of the phenomena and offers a dense, detailed and conceptual description, that offers insights into the cultural meanings within a specific social context.

It also offers details such as emotions and the webs of social relationship and sequence of events (Gobo, 2008, Brewer, 2008) and it aims to capture and record the voices of '*lived experience*' (Holloway and Wheeler, 2010; Denzin 1989). In many ways the work of Geertz (1973, 2002) is complementary to postmodernist ethnography as it suggests that there is no independent and external reality, and that the ethnographer's representation is not privileged; it is just as much a partial account as the insider's, and claims to realist-like objectivity, accuracy and truths are spurious (Brewer, 2000; Hammersley, 2007). Thick descriptions, therefore, do not represent 'reality' as it is because such descriptions are selective from various competing versions of reality that could have been produced and present a partial picture (Brewer, 2000).

Indeed, Clifford and Marcus writing as early as 1986, contended that objectivity and impartiality are not features of the ethnographer's interpretative work, but fictions promoted through rhetorical strategies of textual type known as the "*poetics and politics of writing*", Clifford and Marcus, (1986). In other words, it is through writing (for example, the drafting of an ethnographic account or the research report) that the ethnographer's *interpretations* (subjectivity) are transferred into *data* (objectivity). The researcher thus constructs 'fictitious' cultures through narrative from whence derives the expression '*paper culture*', which indicates that writing artificially constructs representations of cultures often distant from the lived expressions of the participants (Gobo, 2008:p62).

Reflecting on my own ethnographic writing, I recognise that although I am from the same cultural background as many of the people in my study, my research has created a tension for me in terms of the power relationship that exists between the participants and myself in my study. For example, I recognise that my role as a doctoral student has given me a 'voice of authority' in my thesis and yet, at the same time I share the same worldview as many of the people I studied and represented. I have therefore tried to resolve this by 'being present' in my text (writing in the first person), which inevitably makes me adopt a poly-vocal stance

in my ethnography. I recognise that there is multiple situatedness in my position, which is not to say that I do not recognise the power relationship. This thesis aims to present my narrative about the experiences of the people from an inner-city Pentecostal church based on my ethnography as I explore the role of culture and beliefs in healing. By adopting this approach in this study I embrace the perspective of methodological situatedness. Furthermore, I feel by adapting this approach it will help me to reflect critically on my research practice and how I represent the views of the people I studied (Brewer, 2000).

5.1.6 Using autoethnography

In addition to the ideas outlined above, my work has also been informed by Sparkes (2000) who has written on autoethnography. He discussed his experiences as a white, male, middle class, former elite athlete with a chronic back injury that ultimately curtailed his sporting career and he linked his personal experiences to social, sporting, medical, and academic discourses via sociological self-exploration. Additionally, autoethnography has appealed to me because as Tierney (1998) asserted, *“autoethnography confronts dominant forms of representation and power in an attempt to reclaim, through self-reflective response, representational spaces that have marginalized those at the borders”* (p.66).

In my own work, I have tried to produce an account of both my embodied, lived experience of the healing service in the Sanctuary Church through my ethnographic account (see chapter seven), as well as presenting more academic analysis. My research process has created some tension and while the focus of my study has been on listening and representing the beliefs and views of the people who seek healing at the Sanctuary Church (see chapter seven)- , I also recognise that my analytical lens was informed by my cultural background, my beliefs, my western training as a mental health nurse and my training as a researcher.

5.1.7 Thinking about politics in ethnography

Before finishing this chapter, I want to briefly reflect on another ethnographic debate that is the role of the political in social research.. My own study has been influenced by the work of Nancy Scheper-Hughes, who discusses the risk of the post-modern in ethnographic work. In her paper *"Primacy of Ethical"* (1995), she argues that anthropological research should not be an end in itself and suggests that, *"If we cannot begin to think about social institutions and practices in moral or ethical terms, anthropology strikes me as quite weak and useless"* (1995: 410). She advocates that ethnographies are not simply a narrative construct but that they should be considered as tools for critical reflection and human liberation. She also advocates maintaining ethics in research (this philosophy is also evident in her other works such as *"Death Without Weeping"*, 1992). The crux of her perspective is that while post-modernism has helped researchers to be more reflective about their work, if we are not careful we ignore the political in research, as she states:

"What draws me back to these people and places is not their exoticism and their otherness but the pursuit of those small spaces of convergence, recognition, and empathy that we share. Not everything dissolves into the vapour of absolute cultural difference and radical otherness". (1995:418).

This is relevant for my research because I was conducting a study about people from a similar cultural background and who share a similar Christian faith and this often challenged my own religious beliefs during the fieldwork as I needed to stay true to the data – even if it did not reflect my own religious beliefs. Mitchell (2013) writing on the challenges of conducting ethnography in congregations highlights the need to consider the contextual considerations. She suggests that quality ethnography in congregations requires attention to ethics, navigating insider the outsider dynamics, while staying true to the aims of the research. Mitchell (2013. 133) suggests that *'Congregational ethnography can provide insight into faith and meaning-making as they are lived out through encounters with others on a similar path, and if done well, can produce quality research findings that can increase understanding of the congregational context'* and I have endeavoured to do this in my study, by trying to locate my position in the field through the use of autoethnography and reflexivity.

5.1.8 Summary

In this chapter, I provided an overview of the two main research paradigms and the methodological approach I have used in my own study. I also described postmodern ethnography and some of the politics of ethnography. Many of the debates outlined above discussion have informed my own research processes and in the part two of this chapter, I outline my research methods and identify some of the challenges I encountered and how I addressed them.

Part 2: Methods

5.2. Selecting and gaining access to a Pentecostal church:

After deciding on the research topic and the methodological approach to take, the first of many tasks that I had to address was to find an appropriate site to conduct the research. Through conversations with friends and also from the media, it seemed that there were over a thousand African churches operating in and around London. This made the task of selecting an appropriate church for this study a bit more onerous. Nonetheless, I based the selection of the appropriate churches on the following criteria. I wanted to ensure that the church had a large African congregation and that the church performed healing activities (rather than just prayers for the sick) during their services and I identified three churches in London.

Each of the three churches has a large membership of well over one thousand members, who are mainly from the Sub-Saharan African background living in London. The membership of each of the three churches also consists of people travelling from other parts of London to attend.. All the three churches performed healing activities during their services and there was a wide age range of members including children in each of the church services. I was therefore satisfied with my selection, as they all met the criteria, based on my research question.

In September 2010 I applied to the Anglia Ruskin University Faculty of Health, Social Care and Education Research Ethics Committee to conduct for ethical approval (prior to approaching the leaders of the three churches). Following a few amendments, ethical approval was granted by the University Ethics Committee, (see appendices 1 and 6), and I started to contact the churches to gain permission to undertake this research. I wrote letters to the leaders of the three big churches in the Freestyle area of London (I have changed the name of the area and name of the church to protect the participants), although I was hoping to get a positive response and gain access to only one of the churches.

In the letters that I sent to the leaders and pastors, I offered information about my background and explained what my research was about (see appendix 2). In addition to the letter, two other documents were added. These were the participant information sheet (P.I.S) (see appendix 3) and a letter from my research supervisory team that confirmed that I had ethical approval for my research.

To authenticate my request, and convince the leaders that my research was genuine, the introductory letter was written on Anglia Ruskin University headed paper and this the letter was also endorsed by a member of my research supervisory team and I also included a poster that contained information about my research (see appendix 5).

However, little did I know how difficult it would be to find a church that would accept me to undertake this research. I first wrote to the three churches in March 2011 but after waiting anxiously for two months and not getting a response, I sent a second letter to prompt the three leaders. However, I did not get any response from the church leaders after waiting for four months with much anticipation. By this this time, I was very worried and frustrated that none of the churches that I had identified in my ethics application as suitable for my research would allow me to conduct my research in their church. I shared my frustration and difficulties in trying to gain access to one of the churches with a friend and through a conversation, it turned out that she knew one of the church leaders. My friend offered to speak to the senior Pastor of this church (that I am calling the Sanctuary Church) on my

behalf about my request. After three weeks of waiting and apprehension, the senior Pastor of the Sanctuary Church, (who acted as the main gatekeeper of the church), returned one of the three telephone messages that I had left on the church office telephone. Finally, in a brief telephone conversation with him on a bright Thursday afternoon, he agreed for me to come and meet with him to discuss my research. I arranged to meet with Pastor John (pseudonym) in his office at the church premises on the following day.

5.2.1 Pastor John: The gatekeeper

On my arrival at the church premises that day, I met a man at the main church gate and he introduced himself as a worker in the church and confirmed that I was expected by the senior Pastor. He escorted me through a small corridor to the Pastor's office. The man told me to wait at the Pastor's office door and he went in first to speak briefly with the Pastor before coming back to call me to enter the Pastor's office. With my heart thumping, I knocked at the Pastor's office door and entered. Pastor John stood up from his seat when I entered his office, smiled and shook my hands. He was very welcoming in the manner in which he offered me a seat and a drink of water, which was later brought to me in the office by a woman who was working in a room next door. After introducing ourselves, he asked me to tell him more about my research and its potential benefits to the Freestyle community. I was very nervous that afternoon, nonetheless, after enlightening him about my research I also explained that my research did not bring specific benefits to his church but I hope that the finding of the study would help health professionals to have a deeper understanding of the role of spirituality in mental and physical health. The Pastor smiled and told me he was happy for me to use their church for my study. He also promised to ask his secretary to write a letter officially confirming his permission for me to conduct my research in his church. As I walked out of the Pastor's office at the end of our meeting, I was full of joy and excitement. This was really a breakthrough moment for me. The letter from the senior Pastor to confirm agreement finally came to me about seven weeks later. On receipt of the letter, I

contacted the University ethics committee and informed them about the positive response from one of the churches and later sent the letter to the chairperson of the committee.

5.2.2 Entering the church: Starting my fieldwork

An arrangement was made with the church leadership and I visited the church for the first time to do a presentation and explain my study to the entire congregation on Sunday 20th May 2012.

The senior Pastor described that day as an ordinary Sunday service when I arrived and told me the congregation had been informed about my attendance. He offered me a seat next to one of the five people who sat on a raised platform. There was a gap between the platform and rest of the congregation (about 10 metres width). Later I was to find out that the five other people who sat with him on the platform were part of the church leadership. By suggesting that I take seat on the platform, which was designated just for the leaders, it gave me the impression of the power relationship that existed between the senior Pastor and the rest of the congregation.

At the start of the service, the Pastor stood up from his seat and asked me to stand up in front of the congregation. He told the congregation, who I was by calling out my name, gave me a cordless microphone and asked me to speak to address the entire congregation. There were about 800 people present in the service that afternoon. By this time I was very anxious and a bit nervous when I stood up to speak to the congregation.

Below is a summary of what was presented to the congregation. I started by saying:

“Praise the Lord” (twice) and “Halleluiah” and the congregation responded with same words by saying ‘Amen’ (Their response helped to calm my nerves down a bit). I continued: “My name is Geoffrey Amoateng. I am a Christian and have been for many years, I was baptised in the church of Pentecost. I am married with two beautiful girls, the younger one is six and a half years and the older one is eight years. I will bring them along next week when I visit. I am also studying at Anglia Ruskin University. I have heard so much about your church especially the great work that Pastor John and his team of Pastors are doing here, the healing and miracles that is taking place here. In my study at the University, I am learning about support for people who experience emotional and psychological problems, where they go for support when they experienced these problems. There is a lot to learn from you

in this church and I have come to learn from you. Over the next six months I will be attending this church and so please feel free to come and talk to me when you see me as I now see myself as part of this church. Thank you so much for listening to me this afternoon. I am looking forward to having a great time with you here."

Although I had had an experience of standing and talking to an equally big congregation in my local church a few times, this was in a different environment and I was a bit overwhelmed by the attention I received that evening. I felt the reception from the congregation was very good when I was given the opportunity to speak to them. Apart from some baby cries coming from a room next to the main church, the room was absolutely quiet and everybody listened to me when I was talking to them. At the end of that service, there were about ten or more members of the congregation who waited near the senior Pastor's office and wanted to either speak to him or see him privately. He asked one of the women who stood near to call me. I went close to him and thanked him for allowing me to speak to the congregation and had a brief conversation with him. He shook my hand and told me if I needed any help I should let him know about it. After my short conversation with the Pastor, I went to chat with other members of the congregation in the main church hall. Some members of the congregation demonstrated their co-operation for me to be part of their church by the friendly way they spoke to me after my first presentation to the church. People smiled at me as I approached them after the service and it was as if to say '*we welcome you*'.

Interestingly, Gilbert (1996 cited in Sui and Comerasamy, 2013) posits that gaining access requires detailed planning and may take several months of preparatory work to achieve, especially if access is required to organisations such as hospitals or an institutional setting. In my experience, my negotiations with the leaders of the three churches were longer than I anticipated and it was disheartening, so it was such a relief to finally find a church that accepted my research. However, even after agreeing verbally, it took a while before a letter of confirmation from the leaders of the Sanctuary Church who acted as 'gatekeepers', was sent to me to confirm their agreement for me to use their church for my research. In total, it

took almost eight and a half months of waiting. Nevertheless, the presentation in front of the congregation gave me a boost of confidence to start my research.

5.2.3 Ethical Considerations

Ethnographies in health care have a long history, (Glaser and Strauss 1965, Anspach ,1993 and Timmermans, 2006). From my reading of ethnographic texts I was aware that ethnography often raises specific concerns, especially involving informed consent in a public place.

On my second visit (a week later after I introduced my study) I also provided a written information sheet explaining the purpose of the study, methods, and possible risks and inconveniences or discomforts participants might encounter during the research project. I gave out information sheets to everyone who was present after the service had ended that afternoon and I also placed a copy on the church notice board. I devised another participant information leaflet for the Pastor and church leaders (Please see appendix 2), and I was very clear about what the study was about, giving accurate and comprehensive information about the study. In addition, I prepared a poster about my research, which was printed in the church newsletter to make the larger church congregation aware of my study and involvement in the church.

I was pleased that I was able to give the fullest possible information about my research to the congregation in my first presentation. However, there were a few problems, which came to light even at the initial stage of study. In my first presentation to the church congregation for instance, I sensed that some members of the congregation felt I was a 'visiting speaker' or a Pastor from a different church and perhaps I was there to preach. This made me reflect on the issue of informed consent right at the beginning of my fieldwork.

In addition, there was a problem in that the congregation would be changing over the many months that I was conducting fieldwork and I was also conscious of the fact that some people might forget that I was doing my research.

Over 1000 members attended the services at different times when I was there and I saw that some members of the congregation attended only the healing services, or accompanied a friend or relative to attend a healing service. Such members could be described as just passing by - but they became part of the observation for the short moments they attended. It was therefore not possible to inform all the people who might become part of the research in advance.

However, one approach to protecting individuals' and organisations' identity is to guarantee anonymity and so I have changed both the name of the church, the Pastor and the area and the participants. By gaining consent from the leadership, I also had the opportunity to announce to all members of the congregation what my intentions were during my stay in the church in my first presentation to the congregation. I adopted this approach to informed consent in public gatherings from Murphy and Dingwall (2007). In a paper, entitled '*Informed consent, anticipatory regulation and ethnographic practice*', the writers examined the application of informed consent to ethnographic research in healthcare and other settings. They make an interesting point, which convinced me that in some cases it is impossible to get informed consent from all participants in public settings. The writers argue among other things, that models of consent that are transferred from clinical or biomedical research to ethnography are highly problematic. They suggest that cultivating an ethical climate for ethnographic research requires trust among all involved in the process of implementing a research project. Because the ethnographer often resides in the participants' community or geographical area and participates in community life, trust develops between the ethnographer and participants as a result of the ongoing relationship (Murphy and Dingwall, 2007: 2226).

The above discussion raises the question of the power relations between the community and myself. Although I come from the same cultural background as the people I studied, I gained ethical approval before making contact with this church and I was conscious of the fact that by virtue of my role as a researcher from the University, this created a power differential between me and the community I studied and I was careful not to exploit this. I was aware that my continued presence in the field depended on the willingness of my

participants to engage with me. I was conscious that my ability to continue my data collection in the church depended crucially upon gaining the sustained cooperation from the leaders of the church. I felt that the participants had considerable capacity for controlling my stay in the church, although their power was less overt. It was clear from my experience in the church that negotiating consent in ethnography is continuous (Murphy and Dingwall, 2007).

One area that is often contentious between ethics committee panel/review boards and ethnographers is the documentation of informed consent. I found this interesting and worth mentioning at this stage, as it is very relevant to my situation. The American Anthropological Association (2014; 2007) suggest that some ethics review boards seem to assume that all research resembles clinical, biomedical research and involves a clinician and a client/patient. Moreover, they assume that only individuals have the right to determine whether or not to participate in research. Yet much ethnographic research takes place outside of this context. For instance, both the USA and the UK (and more often in developing countries) have substantive numbers of their population who are not literate. Sometimes this results in a group or another individual determining the right of an individual to participate in research and sometimes this may result in needing to gain oral consent.

There are also situations in which a community authority must approve the research before any individual community member is asked to participate and indeed, in some communities an individual would be put at risk of community sanction if they agreed individually to participate in a research project without formal approval by community authorities or leaders (Butz, 2008, ACME Editorial Collective 2008). In my case, Pastor John approved my request although in some cultural settings, a chief or another community rather than an individual, may be the culturally or legally appropriate agent to provide consent. Therefore, I am suggesting that informed consent has many different cultural permutations and in the setting of the Church, it was not unreasonable to expect informed consent to come initially from the Pastor and then for collective, community informed consent. During my field work,

verbal consent was sought and was given by people on a weekly basis as part of the on-going process when I observed and talked to people in my relationship with the members of the congregation and individual consent was given for the interviews.

Before moving on to discuss my data collection approach, it may be interesting to note that although I am a Pentecostal Christian and I regularly attend my local church, there were many significant differences between my local church and the church where I conducted my fieldwork. Some of the differences include the cultural diversity of my local church congregation that tends to attract people from different cultural backgrounds and, maybe more significantly, the approach to the delivery of church service and its day-to-day operation. At times I found doing this research overwhelming, although I had had previous experiences of conducting academic research in other areas, this study challenged my own spiritual beliefs. I think this was because we all attended Pentecostal churches so I initially assumed that the church I was working with (the Sanctuary Church) would conduct itself in a similar way to my own church and occasionally I felt uncomfortable with their approach to healing.

5.2.4 Data collection

The discussion in this section focuses on my experiences, benefits and some of the personal challenges I encountered in using participant observation as my primary source of information in my field work during phase one of my data collection. (Full details of my field work experiences are provided in chapter seven ('Theatre of dreams')).

I have decided to make my voice part of my ethnography as this approach helps to locate the reader into the setting and give a deeper understanding for the events as they happened. However, as the research took place over a long period of time, the ethnographic detail emerged in more detail as I spent longer in the field. Using participant observation enabled me to share as far as possible, the same experiences as the people I studied to

help me gain a better understanding of why they act in the way they do and *'to see things as those involved see things'* (Denscombe 1998: p.69). Before describing my own use of participant observation, I therefore give a brief overview of this data collection method. The data collection was undertaken in two phases. In phase one, fieldwork was conducted in the Sanctuary Church through participant observation. Phase two comprised formal interviews with key informants identified during phase one, the interviews were used to clarify some of the findings of my field work. The term *"field work" is a generic term for the researcher's continuous presence in the field*" (Kobo, 2008: 11; Marvasti, 2004). The ethnographer often lives and works in the community for a long period of time, usually between six months to several years. However, in some settings (such as my own fieldwork), the researcher moves in and out of the community over an extended period of time. This has advantages as it allows the researcher some space away from the field settings to reflect on their fieldwork and write up their observations.

5.2.5 Participant observation

Participant observation is *"a strategy whereby the researcher establishes a direct relationship with the social actors by spending time with them over a long period of time in their natural environment with the purpose of observing and describing their behaviour* (Kobo 2008:5). The role of the researcher in ethnography is to interact with the community and engage in their everyday life, as well as listening to the conversations and learning about their lives in order to understand the meaning of their actions (Holloway and Wheeler 2010; Brewer 2000). Participant observation characterises most ethnographic research and is critical to effective fieldwork. Many researchers feel that successful participant observation combines participation in the lives of the people under study, whilst maintaining some professional distance to allow for adequate observation and the recording of data (Brewer, 2003; Bryman 2008). However, other writers (Atkinson et al, 2007; Denzin, 2005; Brewer, 2000) have suggested that becoming deeply emerged into a culture means that the researcher does not just 'observe' the cultures but also deeply identifies with the people

they are working with. This is sometimes called 'going native' and this approach is often criticised because the researcher is deemed to have lost their objectivity. However, it might be suggested that this critique draws on the positivistic /scientific approach to research that assumes that the best approach to research is to create distance between the 'observer' and 'the observed'. Yet many researchers, such as Jules-Bennetta (1975) who joined an African church while carrying out fieldwork, have suggested that ethnography is engaged in a reciprocal process of interaction and co-creation that does not seek to replicate a scientific approach but develop layers of a nuanced understanding and in many ways this is a reflection of my own approach to ethnography.

5.2.6 Phase one of data collection- (participant observation in the Sanctuary Church)

I became part of the Sanctuary Church from May 2012 for a period of over eight months and participated in all the church activities and events including healing services that took place on Sundays and Fridays. The membership of the church consists of people travelling from different parts of London to attend on a weekly basis, mainly on Sundays but sometimes during the week.

I was aware that conducting an ethnographic research about people from my own culture with shared beliefs, was going to be particularly difficult. In part, this was precisely because of familiarity with the people from the same culture and the fundamental social structures on which that culture rests. Initially thought I was already familiar with the operations of a church, church leadership, and religious and spiritual practices (such as praying for people, singing of hymns). Furthermore, I was conscious of my Christian beliefs and practices and I was aware that this might influence what I saw and observed in the Sanctuary Church. However, this proved to be a significant challenge in my field work. On many occasions I had to remind myself not to compare what I had seen or heard with my own local church and so I tried to assume the role of a stranger during my observations in the church by being reflexive.

Self-Reflexivity helped me to question both the theoretical and practical aspects of my fieldwork and also the impact of my presence on the data collected. Bishop (1996, p995) notes that *“self-reflexivity leads to a consciousness of the process of knowledge creation. There is an increased awareness of the collection of data and the limitation of methodological system”*. Being reflexive allowed me to adopt a critical attitude to my data, by acknowledging the influences of such factors as the location of the setting, the sensitivity of the topic or the nature of the social interactions, between me and the people I studied. Hammersley and Atkinson have suggested that *“instead of trying to eliminate the effects of the ethnographer, we should be reflexive in trying to set the data against this context”* (Hammersley and Atkinson, 1983, p17). I was aware of the fact that by using ethnography, I automatically became an active creator in the story of the people rather than passive recorder of the narratives or events during my observations in the church. Reflection refers to the act of rigorously examining how my involvement affects my data collection, analysis and subsequent display of the data to my readers and so through the process of reflection I was able to repeatedly contemplate on my position in the research. I became self-aware of the research process and the *“consequences of knowledge production by bringing the original act of knowledge back into consciousness”* (Gadamer, 1997:45).

On a weekly basis, I joined in the church services, sang songs, danced and praised God together with the people in the congregation. I also watched and listened to the sermons, which Pastor John (and other invited speakers), to the church preached and so I assumed the role of complete membership during the services and other church events. I closely observed how the people explained their beliefs about the cause (s) of their physical, emotional and psychological problems, the healing processes and how and why they come to the Sanctuary Church and their experience of healing. On most occasions, my conversations with the people happened spontaneously and I often talked to members of the congregation about how they interpreted and explained their beliefs about the cause (s) of their physical, emotional and psychological problems as well as their experiences of healing in the church. I listened to what they said and what concerned them, what brought

them to the church and what they said happened to them when the Pastor prayed. Through my conversations with some of the members, I was able to ask about their experiences and the language used in the church and meanings that they gave to the activities happening in the Church services.

Kobo (2008) asserts that meaning arises from the context and this is created through interactions among individuals. Meaning is not intrinsic to things and it cannot be taken as given and so I worked hard at trying to understand the meaning of practices within the church and I seized the opportunity to talk to anyone who was willing to engage with me in various contexts. There was no formality to how I discussed issues with some of the people and I saw that most people felt relaxed to talk to me. For example, during one of my visits I had a short conversation with one of the gentlemen who operated the public address system during the service. He first said hello and also welcomed me in one of the Ghanaian dialects, (which I understood) and after our initial introductions,, he wanted to know which University I was studying at and what I was studying. So I took the opportunity to explain in more detail what my study was about and he talked about his role in the church. I also heard different members of the congregation talking after the service had ended.

During my fieldwork I maintained an observational log of everything I saw and heard, including my emotions and other peoples' expressions during and after the church service (more details of my experience are narrated in chapter seven ('Theatre of dreams')). This approach of collecting data about the people helped me to gain an insider's view and help me to represent the people I was studying.

Participating in the activities of the church gave me a first-hand insight and a deep understanding of the practices and beliefs of people in the church. For example, on a weekly basis, I participated in moving the musical instruments from a locked room at the start of a service to the main church hall and I helped the musicians to set up their instruments before the start of a service. I was also involved in teaching Sunday school children once a month

after my first month of attending the Sanctuary Church. Involvement and everyday activities also enriched my research experience (Adler and Adler, 1987 *cited in* Marvasti, 2004) and it helped me become more integrated into the church community. This process helped me to understand the different roles within the church and to immerse and involve myself in the setting and culture of people, by learning their everyday conceptions of reality of the congregation at the Sanctuary Church. However, there were times that I struggled to find a position in the community. For example on a few occasions some members of the congregation invited me to different celebrations after the services had ended. For example, there was an invitation to attend a wedding reception in a hotel and at another time a child naming ceremony at a member's home address and other personal relationships. All of these I declined, to maintain my professional boundaries as a researcher and as it was also unethical to conduct research outside of the church setting.

On the whole, the data collection strategies that were adopted were sometimes influenced by conditions both inside and outside my field work. I sometimes saw myself as part of the people from the same culture in the way I behaved and presented myself to the church community. However, most times I saw myself as a researcher with an eagerness to learn about the people. I was therefore in and out of experiences during my fieldwork and was aware of the need to maintain the balance between insider and outsider status (Brewer, 2000). By maintaining my dual role as part insider and part outsider, it gave me the opportunity to be inside and outside the setting, to be simultaneously member and non-member, and to participate while also reflecting critically on what I observed and gathered while doing so. As a reflexive participant observer I tried to record everything I saw and observed and was able to indicate the basis on which some events were recorded and others not. However, I was also aware that it was impossible to take everything in. Thus, I was often tempted to focus on experiences that seemed abnormal, peculiar and exceptional, which inevitably raised the problem of personal perspectives and focus of social research.

5.2.7 Recording fieldwork data

While in the field, I always carried a note pad and a pen in my pocket and always recorded my observations before they faded from my memory. Usually I wrote my notes up within an hour of leaving the church but sometimes I took notes in the church. I devised a format to record my observations that included what I had seen and heard, my thoughts and issues I wanted to find out more about. I tried to be reflective about any of my preconceptions about the healing processes in the Sanctuary Church and the role of the senior Pastor (principal actor) and I tried to observe all activities and events with an open mind. My aim was to make notes as soon as possible after a period of observation. Most times, I wrote down field notes in my notepad immediately after the service had ended- often writing notes in my car and reflecting on whether or not what I had written in my notes and diary was a correct record of my observations.

On a few occasions during observations in the church, I left the service briefly and went to a private space near the main hall to record issues in my notepad, in order to prevent me from forgetting after the service had ended. Attention was always paid to details in the data and I wrote down key phrases, concepts or generally any information that would help stimulate my memory of the events as quickly as possible and later filled in the details. For example, I sometimes put down the colour of the clothes a person was wearing and how their face looked when they gave their testimony. I took notes of who approached me, or was approached by me and what they said to me during the informal interviews.

On some occasions, I recorded what was said when I arrived at home, but this was usually about two to three hours after I had participated in a healing service, or other Church events. It was also difficult for me to write everything I saw, sometimes I stopped singing and dancing and wrote down in my diary and on pieces of paper which I had in my pocket some of the things I saw and heard people say as soon as it happened during a service. It was interesting to see that during the service I was not the only person who wrote down notes.

On many occasions, I saw people, both men and women, writing notes when the Pastor preached. During my ethnography, I was conversing with Alberta who sat near me during one ordinary Sunday service. She explained to me why she took some notes of what the pastor preached in that service in the following words:

“I think the topic and what Pastor John preached in his sermon this afternoon was really good and was relevant to my situation now, I felt like he was talking to me and so I wrote down some notes which I will read later to help me remember what the man of God preached”.

I tried to observe all of the activities and events with an open mind and not be judgemental in what I recorded about the events that I participated in. One advantage of combining participant observation with informal conversations is that the data from each can be used to illuminate the other. In addition to collecting qualitative data, I also collected some quantitative data in the form of the population of the church congregation and the number of different Sub-Saharan African nations represented in the Sanctuary Church.

5.2.8 Location of self: fieldwork issues

Although I regularly attend my local Pentecostal church, I had never seen anything like I experienced at the Sanctuary Church. This made it difficult for me sometimes to avoid being sceptical about what I observed or heard. I was always conscious of my preconceptions about the healing processes and some of the activities and events that happened in the Sanctuary Church including the role of the senior Pastor. But I tried to be ‘reflective’ in my research process in this study. By examining my own prejudices, ideologies and the tacit knowledge that I had about people from Sub-Saharan nations living in Freestyle borough before engaging in this research and during my observations, this helped me to gain a fuller understanding of myself as well as contributing to helping me to comprehend the people being studied more fully. This approach also helped me decide on the style employed in writing this methods section (Gobo, 2008; Clifford and Marcus, 1996 cited in Brewer and Miller, 2003).

I was pleased and encouraged to see that by participating in the church activities that I was able to gather a lot of valuable data within a short period of time. I was also able to observe some of the changes that occurred in the services from time to time over the period that I collected my data. Also sitting in the services and listening to the people including the Pastor, helped me to form my impression of other aspects of the church.

However, I noticed that most of the people in the congregation had a very high respect for me because of the support I had from the senior Pastor, this was apparent because of the way members of the congregation spoke to me after the service had ended.

The power relation between the Pastor and the members was obvious and he was known as a man of God who has healing powers. Also, during my first visit to this church, while I was waiting to speak to the Pastor after the services had ended, one of the ushers came to me to inform me about drink and food which they had prepared for me in a room which was next to the Pastor's office. This made me feel that some of the people thought I was a friend of the Pastor and therefore had the same authority as he had. I was conscious of these perceptions of the people during field work and I was careful to not abuse the respect that was shown to me by members of the congregation. Although the Pastor told me in my first meeting with him that I could sit on the platform(which is designated for the leaders), whenever I attended the service, I prefer to sit with the congregation near the front of the Church, where most of the activities take place, so that I could see clearly what happened during a service. Despite my concerns, I felt I had a good relationship with the people as I participated in all activities and events of the church and often the interactions and behaviour of the congregatio made me feel like I was living with one big family of Sub-Saharan nationalities under one roof. This sentiment was also echoed by Mrs Dako (pseudonym), one of the key informants during phase two of my data collection. In an interview conversation with her, she stated: *"when we come here, we feel so much at home and we are like one family"*

Just listening to people saying hello to you in the local dialect sometimes made me feel as if they knew me before. At the end of each service, I often saw people speaking their local African dialects (vernacular), usually in small groups of two or three people of the same nationality and maybe they felt they were more able to express themselves with friends and relatives when they spoke in the vernacular, home language. On a few occasions as I walked past people in the middle of the room, some members, both men and women looked at my face and smiled and said 'Akwaaba' in my direction. I understood the word to mean 'Welcome' in one of the Ghanaian dialects, which I responded back to them and I found myself repeating words from my 'mother tongue', this made me feel that I was part of the Freestyle community. This was a very interesting but strange experience, as I usually do not speak my mother tongue when I am out of my home. Other people approached me numerous times after the service had ended and asked if I was from Botswana, Zimbabwe, Uganda or Congo. This experience was encouraging and enthralling as it made me feel that they saw me as person from the same cultural background. I think this raises some interesting questions about the nature of research and the embodiment of the researcher. I reflected that had been a white researcher, it is possible that the community would not have included me in the same way and this may have had an impact on the data collection.

Overall, It was a privilege to be involved in the activities of the church but I noticed that sometimes there was too much to see, hear, feel, touch and record and at times, I found the experience of recording very stressful and overwhelming. Furthermore, there were also times when I felt so tired and rushed home immediately after the service had ended. Nonetheless, I had many opportunities to see what happens in the Sanctuary Church by participating in the activities and events of the church and this helped me to gain an understanding of the meanings the people in the church gave to their experiences and how they interpreted them, which, was a revealing experience.

5.2.9 Limitations in my ethnography and personal challenges

In spite of the good rapport and relationship and experience I had with the people that I studied, it did not happen without some personal challenges in my field work. I found the process of collecting data through participant observation to be very time consuming. I spent many hours traveling from home on a weekly basis and I covered a distance of 36 miles return journey to do my field work in the church for a period just over eight months. On some occasions I visited the field site twice a week in order not to miss an important event. On a few occasions I travelled to observe a particular church event that lasted for just two hours but had to do a return trip from home that lasted about four hours due to heavy traffic on the road that night. On most days during my visit to the church I spent nearly seven hours travel and observation times and this happened twice in some weeks for eight months. Other times, I required self-discipline and inner motivation to leave my home to undertake my research and push me out of my house, especially after a day's work, family life and sometimes after attending my local church. There were a number of occasions during my observations when I felt very tired and exhausted and occasionally, I even dozed off during the service.

Also, because of the numerous hours spent with members of the congregation during my field work I was sometimes overwhelmed with the vivid nature of things I saw and the amount of information I heard and wrote in my note pad, and occasionally diaries. Although I did not want to miss anything during the services, there were a couple of occasions during a service when I came out because there was so much to see and write and I felt some tension in my head at the time. Taking short breaks during those two services helped me to refocus my mind on activities in the services.

Another personal challenge of using ethnography was that I sometimes struggled to know what to say during my interactions with the people and initially I did not always understand what was happening. For example, there were things I saw or heard during some of the services that I could not understand but I recorded these events in my diary nonetheless.

For example, on one occasion during a healing service as the people came out from their seats to be prayed for by the Pastor, he shouted out loudly the following words:

“Celestial bodies do not get sick! Celestial bodies don’t get temperature...”

I was eager to know what those words meant to the people and without hesitation, I wrote down what was said by the Pastor. Some of the people later explained to me they believed from what the Pastor said, that their ill health was caused by external and spiritual beings.

Another personal challenge that I was confronted with was some the debates highlighted in the ethnographic literature, especially on how to maintain a degree of “detachment”, which I felt was necessary to help me be a researcher as well as a participant observer in a church setting, without distancing myself emotionally from what I saw and did. It was sometimes difficult to maintain an intellectual detachment, especially during my participant observations in the church.

At times it seemed there was no end to my data collection during the fieldwork but at the end of eight months of observation in the church, I felt I had arrived at data saturation as no new information was emerging from the field.

5.3 Phase two of data collection: Formal Interviews

In phase one of my data collection (participant observation) I had several conversations and interacted with different members of the congregation in different services. Some of the participants raised issues of interest and I felt this required further clarification to help me gain a deeper understanding of their beliefs and practice. Thus, my reason for using interviews in addition to participant observation was to help me explore in more detail any issues that I had previously observed, or discussed with the people during my time in the church. As in phase one of my data collection, before conducting the phase two of my research, I applied for further ethical approval from the University to interview key informants seven months after completing phase one of my data collection. As part of the application, documents were prepared and presented to the committee, these included; a

participant information sheet for interviewees, an interview participant consent form, an interview guide and interview schedules (please see appendix 6). I gained approval from the University to conduct phase two of my data collection in February 2013 before the key informants were contacted.

The method of data collection in this phase was in the form of one-to-one themed interviews and was informed by Johnson's (2002) definition of in-depth interviews. Johnson suggests that interviews can uncover what is usually hidden from the ordinary view, generate a more reflective understanding about the nature of that experience and provide a multi-perspective understanding of the topic being researched (Johnson, 2002: 106). In my study, the interviews I carried out allowed me the time and space to explore and clarify any issues that came through my participant observations.

5.3.1 Selection of participants

The interviewees were recruited and selected after phase one of my data collection of participant observation. I had several opportunities to interact with different members of the congregation in different services on a regular basis. I had spoken to many of them informally during my observations in the church and I often had informal and interesting conversations on various issues around why they visited the Sanctuary Church. Some of the members shared informally with me their personal mental and physical health experiences in my observations and conversations during phase one of my data collection. Others shared in confidence that they had sought the help of a traditional healer for a relative who suffered a particular mental health problem before attending the Sanctuary Church and I was keen to hear more from those members. As the conversations in phase one happened in a naturalistic setting (either during and or after the church service had ended while members shared food and drinks) this did not give adequate time to explore in more detail information that was sometimes shared by members of the congregation. I

identified some people as 'key informants' because they frequently attended the church and had often engaged in conversation with me and I felt that by interviewing some of them, I would be able to gain a deeper understanding of their beliefs and experiences.

5.3.2 Recruitment of participants

As participants were identified through my field work and I approached them directly to ask if they would like to participate in an interview. Those who showed some interest were given an information sheet and consent form and I gave them three weeks to think about taking part in an interview or not. All of the participants kindly agreed to be interviewed (see appendix 7 for a table showing interview participants with characteristics and names anonymised).

5.3.3 In-depth Interviews

All the interviews took place church premises but at different times and days over a period of three months. I arranged with each participant to meet at a time that was convenient and outlined the purpose of the interview and the time that was required.

All the interviews were conducted in one of the small meeting rooms near the main church hall. This ensured the privacy of the interviewee and kept us away from any distractions from other members who used the church building at the time. Although I had some key themes that I wanted to explore in the interview, it was conducted in the form of a conversation where I asked questions about some of the issues that had been discussed in informal conversation. The interviewees were reminded of their right to stop the interview and or withdraw from the interview at any time (see appendix 4- interview participant consent form).

Eleven key informants were interviewed through the use of semi-structured interviews and I used an interview guide to ensure that I covered the key issues. Four men and seven women who were all members of the Sanctuary Church agreed to take part and their ages ranged from between 23 and 59 years. (See appendix 7-a table showing interview participants with characteristics and names anonymised). The interview guide was based on information and conversations from my field work and the design of the interview guide was informed by the work of Douglas (1985, cited in Marvasti' 2004), who suggests that the questions should be designed to go beyond the presumed feelings of participants and into the deeper layers of their consciousness.

At the agreed interview time, I explained the research and the participant's right to withdraw and asked them to sign the consent form before starting the interview. (see appendix 4- Interview participant consent form). I was conscious of the demands that I might be making on them, so during the process, I also checked that they were happy to proceed and to make sure that the interview was not too stressful. All of the interviews were conducted in English and the interviewees were asked open-ended questions on specific theme (see appendix 6-interview guide-themed interviews with key informants). All the participants agreed that they had understood the questions although, one of them asked me to explain the term '*a traditional healer*' when she was interviewed. As some of the interviewees shared the same ethnic background as me, I could also speak the dialect, so at times I was able to explain any issues of concern in our shared mother tongue and dialect.

I decided to record all the themed interviews by the use of a digital voice because it contains the exact words of the interview, inclusive of questions and also it ensured that I did not forget important details (Holloway and Wheeler, 2010). I ensured that all the participants gave consent for recording before I started. In this way, the recordings also helped me to quote verbatim and to check the wording of the interviewees during my data analysis. Furthermore, it allowed me to maintain eye contact with the interviewee and helped me to pay attention to and remain interested in what participants said. I was also able to listen to

the recordings several times to make sure that what I wrote down was accurate (Gobo, 2008; Silverman, 2005) as I later transcribed and analysed the interviews.

The use of a themed guide was helpful as it enabled me to explore my fieldwork findings, as well as the behaviour, feelings and experiences of some of the interviewees aiming to develop a deeper understanding of how their beliefs and customs influenced their understanding of physical/mental illness and the decisions people make about where to go for help and treatment (see appendix 5 for the interview guide). By using in-depth interviews, the interviewees were able to elaborate more on some of the issues that we had discussed informally. I also noticed that conducting the interviews gave me an opportunity to listen and learn more about how the church supported and helped people in times of crisis. However, two of the interviewees became very emotional and the participants cried when they told the story on different occasions about their relative's physical and mental illness and how and why they came to be prayed for by the Pastor at the Sanctuary Church. For instance. One of the interviewees, Mrs Boaki, wept when she explained her son's illness to me and stated:

"I looked after my son on my own since he was age eight and now that he has finished his studies at the university the devil wants to spoil him by making him mentally unwell"

I suggested to Mrs Boaki that we had a short break before continuing with the interview but she did not want to take up the offer. Instead she accepted a tissue I offered and said she was happy for me to continue interviewing her. At times I was also moved to tears and I excused myself from the interviewee before going out from the interview room to use the toilet to compose myself as I struggled to cope with Mrs Boaki's story.

I had anticipated the interviews would take a maximum of ninety minutes. The duration of the interviews ranged between 50 and 75 minutes. In two of the interviews, the interviewees seemed to find the session tiring and asked for a break. They both asked to go out from the room to use the toilet facilities that were next to the interview room. On both occasions, I stopped the interviews and asked if they wanted to continue after the break. Overall, I think

the eleven interviews were successful and I was able to get detailed insights into the issues that we discussed in the interviews. All the recorded interviews were fully transcribed verbatim before analysis and all of the recorded data was deleted after transcription and the transcripts anonymised. The transcripts were stored on my University laptop, which is security and password protected.

5.3.4 Leaving the field

During my field work and interviews I've always found the participants to be warm and very co-operative and this helped me to form a positive and good relationship with them and because of the close relationships I that had developed with some members of the congregation, it was difficult for me to end my fieldwork and I initially struggled to know the right time to leave the field. I was also concerned about how I was going break the news about my leaving to the Pastor and the entire congregation. By allowing me to be part of the Sanctuary Church for my research I felt a sense of indebtedness or obligation to every member of the Sanctuary Church and I did not want my leaving to be sudden and without prior notice. In deciding on the appropriate time and how to leave the field, I was conscious about leaving the field in a professionally dignified and honourable manner.

I reflected on the best way to say goodbye to the Pastor, the church leadership and members of the congregation before leaving the field and I devised several strategies to help me overcome this hurdle. For example, about three weeks before I left the field, I informed the musicians and the Sunday school team including the children at different times about my return to study in the University in a few weeks' time. In the subsequent weeks following the announcement of my return to the University, I regularly mentioned that I was leaving in conversations, which I had with the various people I worked with so that they did not forget. A week before I left, the Sunday school team organised a small party for me, where one of the teachers brought a homemade cake which we all shared during the Sunday school. Some of the children gave me goodbye cards, which they had made in previous sessions. I felt very emotional when it was time to say goodbye to the children. I

felt it was important to leave the fieldwork well and I was conscious not to do anything that would have harmful consequences for future researchers in the same or similar settings (Gall Meier, 1983 cited in Gobo, 2008).

My decision to leave the field was precipitated by the fact that time was running out for me to complete my research study and I had no more time available. Also, for a long period, my attention was divided between my field work and other professional and family commitments. I also missed the company of my family who could not attend the Sanctuary Church with me on every Friday or Sunday afternoons and sometimes in the evening. It was also obvious that my fieldwork deprived my family of my presence at home and it was the same for me. Snow, (1980) stated that one of the precipitants for leaving the field is interpersonal, *“such as role conflict between role of researcher and the role of spouse or parent”* (Snow, 1980: 107 cited in Gobo, 2008:307), and this certainly raised many emotional issues for me.

I eventually managed to inform the Pastor about my leaving three weeks after completing the final interviews. This happened after one ordinary Sunday service. I had arranged in the week to meet the Pastor after the service had ended on that day. As observed on previous occasions, there were many people waiting to see him after the service had ended and I was the first person to be called in to his office that afternoon. After having a brief conversation with the Pastor I informed him that my research in the church would end three weeks from that day and thanked him profusely and the church leadership for allowing me to do my research in the Sanctuary Church and for their hospitality. The meeting with the Pastor could be described as informal. I also gave him a thank you card, which I had bought and signed for everyone in the church. I saw from his face that the Pastor was surprised to hear that my research was coming to an end and I was soon going to leave the church. In a joking manner, the Pastor stated:

“We don’t want you to go; we want you to stay with us and be a permanent member of our church”.

However, he also asked me if I would like to inform the rest of the congregation and offered to give me the chance to announce my leaving to the congregation during the following

Sunday service. He also persuaded me to attend their annual family fun day out which is organised by the church leadership for members of the congregation on the beach at Brighton which was due to take place the following Saturday. I attended the family fun day with members of the congregation. Not every member of the congregation attended, however there were about four hundred and fifty who attended the event. At the beach, I had conversations with some of the members who attended and I took the opportunity to inform them that my research was coming to an end. The members I spoke with were surprised to hear that I was leaving. Emmanuel, one of the male ushers in this church commented:

“We would like you to come back and worship with us”

The next day after the church administrator had given out the church notices, the Pastor called me from where I sat in the congregation to come and stand near where he stood on the platform. He handed over a cordless microphone, which he held in his hand and gave me the opportunity to address the congregation. Below is a summary of what I said in my goodbye message:

“I have enjoyed my stay in the Sanctuary Church in the last eight months. You made me feel as a member of this church. I thank you all for your hospitality and taking time to share your health, healing and cultural experiences with me. I have learnt a lot from you in my study in this church. I just want to inform you that my research in this church has come to an end today. I will be going back to continue my studies in the university three weeks from today. However, I will come back to the church at the end of my research to tell you the outcome of my studies when it is completed. May the good Lord bless all of you!”

I had mixed emotions when I stood up to address the congregation. I felt some little tears coming from my eyes but managed to hold them back during my speech. I had had very good relations with many members of the congregation during my field work and I felt sad to be leaving. On the other hand, it had been a long and tiring experience for me at times. I was physically and mentally exhausted at the end of the eight months of weekly travels to perform my role as a researcher in the church and part of me felt relieved that my field work was ending. After the service had ended, many members of the congregation approached me in the church hall and expressed words like *“Why are you leaving?”*, *“Will you come*

back to worship here after your study?”, “How can I get in touch with you if I need help?”

“Thank you for helping with Sunday school”

I asked the church administrator to keep me informed about some of their special events. For example, during my field work, they invited two prominent international speakers to address the congregation on separate occasions, and I was pleased to hear them speak. After making my announcement, I shared in the food and conversed with as many people as I could after the service had ended that evening before leaving the church for home. I stopped going to the Sanctuary Church three weeks after I had announced to the congregation I was leaving.

I would like to reiterate some of the comments made by Gobo (2008) on the subject of leaving the field. He stated: *“Leaving the field is anything but an automatic procedure with no significant methodological aspects. On the contrary, it is a delicate operation that must be conducted with care. Especially if the intention is to return to the same field again later. To avoid the ‘colonial’ mentality of simple exploitation of informants and participants, the ethnographers should consider carefully how to leave the ‘field’* (Gobo, 2008 311-312).

Although I do not have plans to go back to conduct a study at the Sanctuary Church in future, I always try to keep in touch with people with whom I have had good relations. However, in this situation, I was determined to keep a keep professional boundary between members of the congregation and myself – although I consider it a privilege to have been able to conduct my study in the Sanctuary church.

5.3.5 Data Analysis

In this section, I reflect on the qualitative data that I collected through my participant observation and in-depth interviews. From my experience in previous research studies, I was aware that the process of data collection, analysis and the writing up of my research report are interrelated parts and do not occur in clearly distinct and progressive stages. I was also aware that the process of data analysis is cyclical and it is not the last phase of a research process. Nonetheless, I have described my analysis in stages to help me clarify to the reader how I organised my data actions.

The analysis of my research data in many ways started while I was still conducting my fieldwork because it was during this process that specific issues were seen to be significant to the congregation (such as casting out the devil during the healing service)

However, the more formal process of data analysis was informed mainly by the thematic analysis approach, as outlined by Braun and Clarke (2006). This involved re-familiarising myself with the data, generating codes and themes, reviewing themes, naming and defining them and producing the final report utilising ethnographic conventions. However, as I found insights from other approaches illuminating, I have also drawn on other analytical approaches for example, the work of Huberman and Miles (1994) cited in Gideman, et al., (2011) ; Marvasti, (2004) and Hammersley and Atkinson (1995). These authors highlighted the role of focusing on the interpretation of meaning and functions of practices, as well as statements and processes. My data analysis was conducted both manually (on paper) and by the use of digital technology using the Qualitative Data Analysis (QDA) software programme, which has been designed for computer-assisted qualitative and mixed methods data, text and multimedia analysis in academic, scientific and business institutions (and it is often referred to as MAXQDA).

5.3.6 Initial coding: (level one coding)

As suggested above, in ethnographic work the process of analysis does not just happen at the end of the data collection but during the fieldwork and this process of reflective practice ensures that your fieldwork becomes more detailed and focused as it develops. However, at the end of my fieldwork I read my ethnographic notes again in great detail as well as the interview transcripts. I edited and summarised some key themes, meanings and statements of participants in my initial coding. I read through the data again and again and I developed a master chart, that I had devised for this purpose (this sought to cluster the main themes).

However, level one coding generated 1,841 concepts from my ethnographic data and 1,209 concepts from my interviews data. I found the number to be too large to comprehend and was compelled to perform a second level of coding to help me to reduce the large number of initial codes into a smaller, more manageable set. What is interesting about this process is that because I was in the field. I was able to draw on both my experience as well as peoples' actions and voices in order to undertake the process.

5.3.7 Level two coding

In my level two coding, I read through the data again thoroughly and sensitively with the aim of trying to transform the large raw data into a recognisable conceptual scheme (Charmaz, 2000). I was first interested in where the people I studied go for help when they experienced mental, physical and emotional problems and I examined the data to find out what concerns the people brought to the Pastor and what happened when the Pastor prayed for them. I arranged the frequently reappearing initial codes into categories by selecting segments of the text that illustrate concepts that are relevant to the nature of social interaction (Charmaz, 2000). For example, I wrote down important passages or statements which represented particular concepts, such as 'healing' and I tried to make action in the data visible by looking at the data in action, using terms such as 'going' 'making', 'having' and 'seeing' (Marsvasti, 2004), and this helped me to remain specific on the issues and categories I wrote down. By analysing a small amount of key information from my data it made it easier for me and more manageable than going through the large number of pages back and forth. Also, I sometimes wrote down memos against the categories to elaborate what I thought those categories or statements meant and I found this approach to be useful in my analytical judgements and the interpretation of my data. For example I wrote down concepts like 'community' against statements such as "sharing of food and drinks in a very relaxed atmosphere", "It is like we are all one family", "the people praying for the Olympic Games". Also, the Pastor made statements like "The body is a celestial body, celestial bodies don't get sick, celestial bodies don't get migraine" and I wrote down short words or

memos such as ('I think this statement may be linked to the health belief system in this community'). However, I found this this level of analysis to be a bit time consuming and not easy to do and I needed to constantly revise my data coding by trying different conceptual clusters.

The next stage of my level two coding was classification. Firstly, I applied the similarity/dissimilarity criterion to my observation notes. I assigned a code to sections of my notes and the same code was assigned to notes with similar content. However, I noticed that some of the notes referred to several concepts and in addition, there were other codes and labels which were repeatedly classified under different headings, for example songs, praise, prayer, community, singing, devil, evil spirit. By using a comparative strategy, I was able to deconstruct the events and actions observed and segment them among a series of concepts (Hamersley and Atkinson, 1983 cited in Gobo, 2008:234). I also used terms defined by the actions at the time of fieldwork and other times. I assigned things to broad classifications for example, (I located the statement, 'I got my papers when Pastor John prayed for me' under the broad heading 'immigration issues'). Although I was conscious of the fact that assigning a code to an action is not a neutral act, because it immediately attributes a function to the action and assigns it a frame. The process of coding was also challenging to my skills as a researcher, as I tried not to generalise people's experience to pre-existent concepts or theories. Also through the classification process, I had to break the natural flow of actions and events and continue to 'be present' in my ethnographic notes in order to make my observations.

Throughout the process of coding and analysing, I reflected on every action I took and checked with the comments of my interview participants to make sure that I called things by the right name based on the available empirical data (Hamersley, 1990 cited in Silverman 2001). I tried to maintain a sustained reflexivity throughout my fieldwork by reflecting on some elements of my behaviour and subjective understanding of some of the activities I saw in the church and in my field notes during and after my fieldwork. In a sense, I saw

reflexive activity as part of the process that informed my data collection, writing and further data collections (Coffey and Atkinson, 2005).

I read through all the interview transcripts and I was able to translate the transcribed text from the interviews into common themes. For example, themes such as 'mental and emotional healing', 'physical healing', 'spiritual healing', and 'spirituality' emerged from the testimonies that were shared by some members of the Sanctuary Church.

As Bauer (2000) suggests;

transcribed text can 'contain records of events, values, rules and norms, entertainment, and traces of conflict and argument.....(Content analysis) allows us to construct indications of worldviews values, attitudes, opinions, prejudices and stereotypes and compare these across communities' (2000:133-34)

My supervisors also checked a selection of the data from my ethnographic field notes and interviews to make sure my coding was consistent.

5.3.8 Challenges

As I mentioned at the beginning of this discussion, both level one and two coding were conducted manually and on paper before using computer software. Because of the large amount of data that I collected and the fact that analysis of my ethnographic notes was a process that lasted for eight months, I found out that sorting my data manually was always a complex operation for me because it was easy to forget the details of work carried previously. I also noticed that on a few occasions I was not always consistent in the assignation of codes to my field notes and so, to ensure reliability in the classification, and to prevent confusion in building a consistent theory and avert a potential problem to my research findings, I amalgamated the data before analysing.

I also attended a course at the University of Surrey to learn how to use the MAXQDA software for analysis of data. As this is not one of the licensed Research software packages used by our University, I bought the package privately from the company and I practised how to use the software. Once I became conversant with the use of the software (after about two months of practice) I managed to transfer all my research data and text onto the MAXQDA software programme (on my work computer) and started to use it to analyse my ethnographic texts (interview transcripts and observational notes). I experienced many advantages of this software in my analysis. The MAXQDA programme helped me to sort out my ethnographic notes well by having a constantly present overview of the list of codes that I invented (master list) and their meanings and I was able to instantly retrieve and revise my ethnographic notes which were sorted under a particular code when necessary which I found very interesting.

Also, starting from the basic codes, MAXQDA was used to enumerate codes and therefore produce statistics, create co-occurring codes showing relationship among categories, and to develop hierarchical category systems. These category systems are constituted by nodes, which can be browsed. Various authors have suggested that programmes such as MAXQDA, can generate a plethora of codes and this may make it difficult to handle in the subsequent phases of analysis (Silverman, 2005; Bryman, 2008). However, I found that using MAXQDA increased the transparency of the field notes classification process and this helped me to interpret certain expressions in the text and therefore it improved the reliability of my analysis considerably. The MAXQDA programme also helped me in the process of 'building theory' as it helped me to see both the micro issues and the macro perspectives. Learning how to use MAXQDA and transferring my data on to the programme was a big challenge to me and it required time and resources.

5.3.9 Summary

In the final section of this chapter I have attempted to set the context of the study both in terms of my own background, some of the challenges that I faced in trying to enter the field (the church) and issues of informed consent in a large community setting. The chapter also discussed my participant observation in the Sanctuary Church over an eight-month period and the interviews that I conducted. The chapter also explored some of the personal challenges that I experienced during the research process before finally discussing how the data collected was analysed. In my next chapter, I will present the findings from my research.

Chapter 6: 'A Theatre of Dreams': An ethnography into the role of culture and beliefs in healing within an Inner-City Pentecostal Church

6.1 Introduction

This chapter offers an insight into the role of culture and beliefs in healing and it is based on my ethnographic work within an Inner-City Pentecostal Church. The chapter is divided in two parts. Part one describes the area where the church is located and describes the church itself. Part two presents my observations of key people and events in the church including the healing process. The reader is reminded that all names and places mentioned in this narrative are not real names as they have been changed to maintain confidentiality. However, this is a true reflection of my observations during this fieldwork.

Part 1: Contextualising the field work

6.1.1 A description of the area

Freestyle is a borough within a major English city in the southeast of England. It has a long history of ethnic and cultural diversity with a culturally diverse population coming from 219 different countries and the area is considered to be one of the most diverse communities in England and Wales. (United Kingdom 2011 Census report). Black minority-ethnic communities make up more than 70% of residents in the borough, of which, people from Sub-Saharan nations form the majority. Historically migrants have brought with them a range of cultures, traditions and languages and this diversity within the borough is evident to all who visit the area.

However, in terms of its economic, environmental, ethnic and social make up, Freestyle borough is a community of stark contrasts compared to its neighboring boroughs. It is a place where acute social and economic challenges persist and it was ranked amongst the

top 15% most-deprived areas of the United Kingdom in 2011 (Office for National Statistics, 2011). Long-term unemployment, low average incomes and a reliance on benefits and social housing are common in the community; the impact of this is particularly felt by the young people, with a third of children in the community living in a low income household and a fifth in a single-adult household. It is against this backdrop that the Sanctuary Pentecostal church has been established, meeting the spiritual and community needs of hundreds of local residents.

6.1.2 The Sanctuary Church: the setting for the study

Arriving at the Sanctuary Church for the first time, I was aware that it was situated in an industrial area, surrounded by other large industrial buildings in the vicinity which have various advertising sign posts and serve as offices for shipping agents and car mechanics during week days. The Sanctuary Church was slightly isolated from the main town centre and was largely deserted at night, apart from church service days. The surroundings gave an impression that the site, although industrialised, was underdeveloped and deprived. Access to the church premises is through a main gate to the industrial site and therefore it remains separate with a boundary entity to some extent. From outside the church building it would appear to be unassuming, like that of an old warehouse which is converted for a specific purpose. A large green and white rectangular banner with the name of the church and a biblical inscription is suspended from the roof of the building which is visible for all to see on arrival and up to fifty metres away from the building. I entered the church hall through one entrance from outside. However, there were two small ingresses on the left of the building which also gave access to the main church hall. As I approached the main hall I was amazed to see how spacious and gorgeous it was inside the church; the area of the main church hall was the size of a standard football pitch. The room was embellished with green, white, blue and red colours of hanging material; of course these colours held their own significance for Christians, with white symbolising purity and innocence, blue-life giving,

hope and health, red-spiritual awakening and green “breaking shackles” (Henderson, 2004).

My initial impression was that the church looked regal, I was mesmerised. There were huge bright lights on all four corners inside the building and ceiling, the glow of the bright lights sometimes made it look more like a recital or some gala, red-carpet award ceremony than a church service. However, the hanging banners on the walls of the room conveyed biblical words that assured me that I was in a sacred place of worship. As I walked toward the middle of the room from the main entrance I was soon attracted to a raised platform and a cushioned chair which was placed on it that could be seen about one hundred metres away as one walks in from outside through the entrance of the church. The platform was raised to about four metres in height and fully decorated with both artificial and natural flowers in pots on both ends of the platform. On the right side of the platform, there was a podium, beside which was the cushioned chair, which was designated for the senior Pastor (there is more said about the senior Pastor later in this chapter).

On the left of the platform, there was musical equipment and four microphones standing upright, an electronic organ, drums and other musical instruments which were used by the worship singers and the sound system and lighting were very impressive. The worship singers and instruments occupied one end of the platform and the senior Pastor and other leaders of the church occupied the other end of the platform. Between the instruments and the position of the senior Pastor, there were usually about five seats reserved for the Elders and very important guests to the church.

I would estimate that the total population of permanent members who regularly attend the church is approximately 1,600 excluding children. However, not all the members attend on each church service day. The number of members who regularly attend is usually around 600-700 but on special events and services, the attendance number increases substantially. The church has a seating capacity of about 850 and on occasions when they organise special services, many people do not get seats inside the main church and have to sit in

the extended space created for the surplus numbers of people who attend. It was interesting to notice that attendance to the church has continued to grow in number mainly out of Sub-Saharan migrants moving into Freestyle borough. These were more than likely some of the African people,(first and second generation), some had spouses who were non African. Simon (not his real name), the church Secretary explained to me that over a period of eight months, the church membership had increased from 1, 400 to approximately 1,861.

The Sanctuary Church building seemed to serve many fundamental purposes, primarily it offers the congregation a place where they can come together to practice their Christian religious faith and belief. However, crucially, for most members of the congregation, the building was very momentous to them because it was known to be a place where they could get healing if they had experienced any emotional and or psychological problems and therefore came there to seek healing support and for many people it was almost 'home'. The building was also used for services and other functions that support the church community (these will be discussed later in this and subsequent chapters).

6.1.3 The Formation of the Church

The church has its roots in Ghana and was originally founded about twenty-two years ago in the city of Accra, a cosmopolitan city in Ghana. Pastor John is the senior Pastor and founder of the Sanctuary Church. He is of Ghanaian nationality but has been living in England for more than seventeen years. He explained 'his calling' and how the church was formed. He was told to start a branch of the church in 1995 after hearing the voice of God. In an interview with him the Pastor explained to me;

"I was a choir leader and played the organ in my local Methodist church... This church had started as a small prayer ministry in my house, some of the 'brothers' and 'sisters' who were in our choir met twice each week after our choir practice to pray about things and through that I soon found that I had the gift of healing because people received their healing when I prayed for them in our prayer meeting. I heard the voice of God which told me to start a church and I responded to this immediately

by starting a church in Accra. God told me one day this church will be a Global church and this is it”.

The senior Pastor also shared some of the difficulties that he and his leaders had experienced when they first formed a branch of the church in the Freestyle community. They initially rented the assembly hall of a school for their church services for a period of about five and a half years but as the number of their congregation grew, they bought the current building in an industrial area within Freestyle community. Pastor John reflected;

“It was very difficult for us when we first started this branch in this new environment and culture but God has transformed this into a bigger church and a supernatural environment. We now have two branches in this city, Praise God!”

Part 2: People and Events

6.2.1 The senior Pastor (Pastor John)

Pastor John is a large, tall imposing man with a commanding presence and charisma. To look at him one would be aware of the strong lines across his forehead as if a permanent frown had been placed there yet he has a kind face. He always spoke with a deep commanding and authoritative voice (although he used a microphone when he addressed the congregation and also when he prayed for people during services). He also spoke with a soft, pleasant and tender voice with a smile in his face when he was not preaching or conducting a healing service.

Pastor John had attributed the rapid growth in the church congregation to the signs and wonders that God is doing in Sanctuary Church. He said:

“The power of God is healing people miraculously in this church. This is a place of signs and wonders”.

During my research it became evident that the Pastor was highly respected by the congregation for his widely accepted healing powers and was seen by some members as 'a holy man of God', 'a man of healing powers' and other times he was addressed as Father or 'Daddy'. Some members of the congregation (both men and women), and from the wider Freestyle community knelt on the floor, and sometimes bowed low, almost giving homage to the Pastor when they spoke to him.

Other words and attributes were used to describe Pastor John by members of the congregation and members of Freestyle community. He was seen by the congregation as a mediator or a conduit between God and them. Expressions like, "*Pastor, you are an anointed man of God*", "*Pastor you are mighty and powerful man of God*" were often shouted out by some members of the congregation during the services. He was sometimes portrayed by some members of the community not only as a powerful healer but also as a father/Daddy, a life saver and a good man. (this is discussed in more detail in chapter 8)

6.2.2 The Attendants

Different roles were played by various members of the congregation to support the senior Pastor and smooth running of the services at the Sanctuary Church.

Pastor John has many 'attendants' who performed varied roles but these were generally gendered. It is difficult to describe and so I used the words ushers but the words 'body guards' could also be used to describe these men, who appeared to take a protective (or fulfilling a role more like body guards), although there were also women ushers as well.

Two groups of ushers were noticed in all the services; the first group of attendants consisted of three and sometimes four men who stood at a close vicinity to the senior Pastor in every service. Almost in every healing service and sometimes in the normal service, about four male ushers worked as a team, two of them usually stood behind the Pastor and sometimes walked up and down one side of the room. They kept a close eye and watched every move of the Pastor. The remaining two in this first group of ushers stood at vantage points inside

the room (east and west), and watched the Pastor from a distance when he prayed for people or preached sermons in the church.

The second group of ushers comprised of males and females. They all have same little banner on their outfit with the word 'Welcome'. There were more than thirty people in this group but just over half of the group helped in each service. Most of this group were females. Some of them stood by the main entrance of the church building to welcome people while others directed and ushered members arriving to vacant seats inside the building during the service. They also had a role in the service as sometimes they held pieces of purple coloured cloth in their hands and stood by in expectation that someone might fall on the floor when Pastor John prayed for them. People were sometimes ushered from the back of the church to the front to be prayed for by the Pastor. On occasions, men in suits would accompany those who wish to share their experience of a miracle during services to the front. Some also carried the wireless micro- phone which was handed to members to use when they shared their testimonies. In one healing service, a female attendant led a woman from the back of the congregation to the front of the platform and introduced her to the senior Pastor as the latter was praying for people and stated:

"Daddy, this woman received her healing this night when you prayed for her".

The usher gave the microphone to the woman who then shared her testimony with the entire congregation. In this way the ushers played an important role in keeping the service moving forward and ensuring that the congregation could take part in the healing.

6.2.3 The Junior Pastors

There were two juniors pastors in the church and they both preached at various times on some ordinary Sundays and Fridays services, when the senior Pastor was away travelling. On some occasions I only saw that one of junior pastors baptised new members of the congregation who gave their life to God. One of the junior Pastors was responsible for

ensuring that all the offerings (money), collected during a service was taken to the Pastors for counting by some of the ushers. Please see figure 2 below see for a chart showing the Sanctuary Church Hierarchy.

6.2.4 The Sanctuary Church Hierarchy

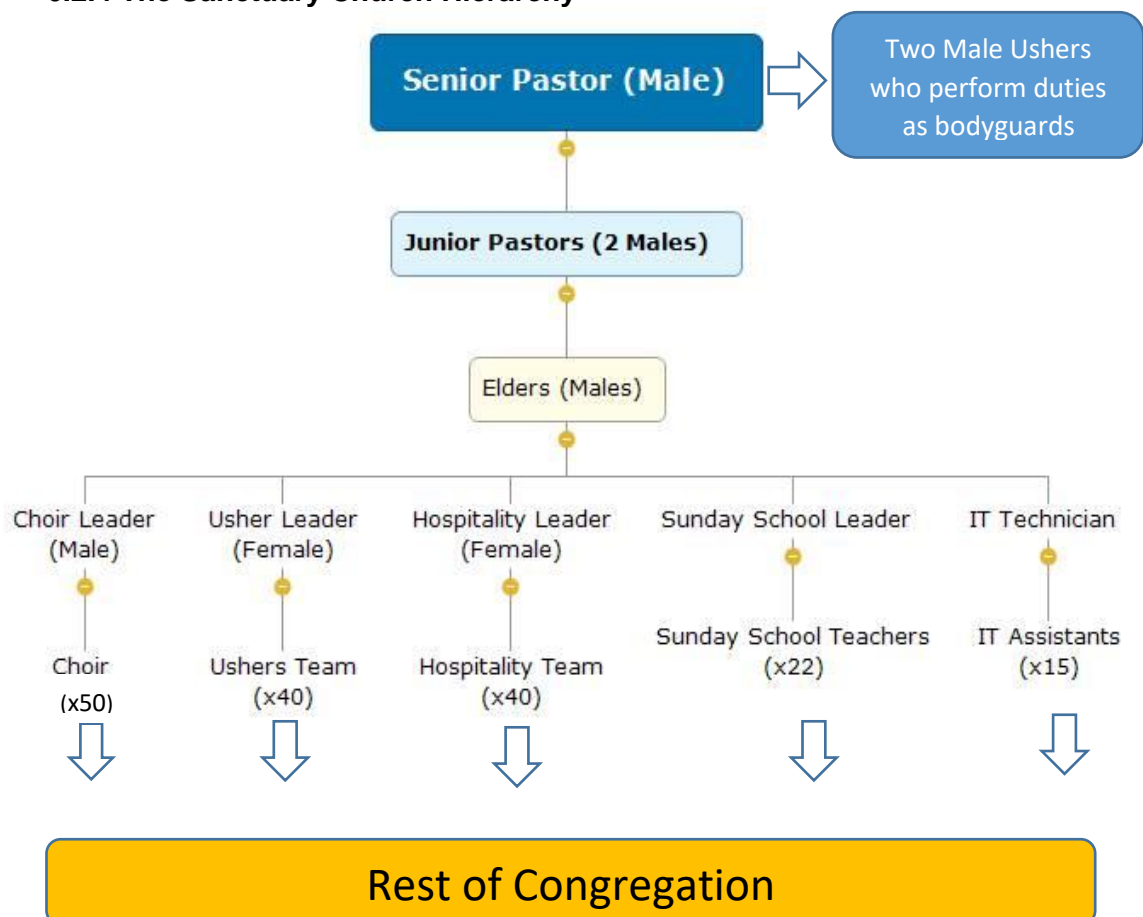


Figure 2 The Sanctuary Church Hierarchy

6.2.5 The Congregation

So what do I know about this community? The majority of its worshippers are adults with around a quarter comprising teenagers and children. From my regular attendance at the Sanctuary Church it was very interesting and striking to see that the majority (about 98%) of the church congregation who attended the healing services and other church events were people with African descent. They come from 31 nations within sub-Sahara Africa.

It was apparent from the conversations that I had with some members of the Sanctuary Church congregation that, before joining this church, some had coped with various difficulties and stressors that came with their migration to a new culture. Judging from the statements that were made by some of the members about their social and immigration status they had often faced difficult times. The church members were usually very open and they explained to me about some of the challenges they faced in settling into a new culture. For instance coping with the environment, both the weather and people were cold; they also suffered from lack of awareness of the culture of their new environment. They often seemed to suggest that they had left their 'safe' environment (although often marked with outward conflict), for an environment which seemed taciturn, threatening and at times unwelcoming. This was very different from the community they had left behind where all, even strangers, are invited in with a smile and discussions around the family.

The Sanctuary Church was well renowned among this community. These were usually predominantly first generation African immigrants who have been living in the borough ranging from three up to 33 years. However, there were also second generation adults and children of African background in the congregation. However, equally striking was the fact that the church congregation were predominantly women, (approximately 80% of the congregation) who live in and around the local community. I was also fascinated and sometimes intrigued by the ethnic and cultural diversity among this African congregation. The way they dressed, their language, interactions, and gestures said a lot about their cultural background. The colours and styles were often creations from African printed cotton with yards of material beautifully sown together in traditional dresses accompanied with extravagant jewelry and many of the women walked head held high, walking with high heels, as if on a fashion catwalk. Perhaps the traditional dresses which some of the women wore were a way of reclaiming their cultural roots.

In contrast, the men wore less lavish and flamboyant outfits although on some occasions during the summer months some of them wore very bright shirts made from African textiles.

The majority of the men wore western clothes, suits or trousers with short or long sleeved shirts and some wore colourful ties.

The language used in the church is predominantly English. It was notable to see that although the majority of the members were mainly first generation sub-Sahara African immigrants living in Freestyle community, the English language which they learnt from their new culture was commonly spoken as a medium of communication in all the services. Members of the congregation often expressed words that spoke to their needs. Typical words and phrases verbalised included *"God is good"*, *"thank God for the life of Pastor John"* and repetitious chants of *"Praise God"*, *"Halleluiaah"*, *"Thank you God"*, *"Thank you Jesus"* were often expressed and sometimes shouted out by members of the congregation in all the services.

However, there were a lot of dialects spoken by the people after the service has ended. At the end of each service, I often heard people speaking their local African dialects (Kenya, Zimbabwe, Ghana, Malawi, Rwanda and Nigeria vernacular), usually in small groups of two or three people of the same nationality. Maybe some members were able to express themselves more comfortably to friends and relatives when they spoke in the vernacular after the service has ended. On a few occasions as I walked past people in the middle of the hall, some members, both men and women, looked at my face and smiled and said 'Akwaaba' in my direction. I understood the word to mean 'Welcome' in one of the Ghanaian dialects which I responded back to them and I found myself repeating words from my 'mother tongue'. This was very interesting but strange experience as I usually do not speak my mother tongue when I am out of my home. It could be that by greeting me in my own language (vernacular) it was their way of letting me know 'we are' part of same Freestyle community. Other people approached me on countless number of times and at different times after the service had ended and asked if I was from Botswana, Zimbabwe, Uganda or Congo. This experience too was encouraging as well as enthralling as it made me feel that they saw me as a person from similar cultural background.

The interaction and behaviour of the congregation sometimes made me feel like I was living with one big family of Sub-Saharan nationalities under one roof. Just listening to people saying hello to you in the local dialect sometimes made me feel as if they knew me before.

The congregation also participated in events that happened in the wider community and conducted events in the church to either commemorate or support some of the big events in the city where the church is situated. For example, members of the congregation were asked to fast from food in a particular week and a vigil was held in the church one night in the same period, about three months prior to the start of the Olympic Games in 2012 to pray for the Games to be a success. A junior Pastor of the church who led the session at the beginning of that particular 'night of prayer and fasting' event explained to the congregation in these words;

"Tonight we will be praying for the Olympic Games for God to protect the Games from any plans of the devil. I believe the devil is planning to spoil the Olympic with bad things and so we have to pray hard tonight; that God will protect every person who will attend the game, that there will be no terrorist attack in London".

He asked the members who were present if any of them had fasted during that week as announced in the service two weekends before that meeting. From a gaze around the room, I saw that about sixty people including myself out of the number of people present raised their hands to confirm that they had fasted and prayed in the week for the Olympic Games. The Junior Pastor read a passage from the Bible and after a period of about thirty minutes of singing songs and praises, he asked the congregation to pray for the games organizers, the planning committee, executives, athletes from every country who were expected to take part in the competition, volunteers, the police, political leaders of the United Kingdom and the Queen of England at different times during that meeting. I looked at the time on my wrist watch and realised that we spent not less than 30 minutes to pray collectively on the above mentioned topics.

Tammy, a medium built middle aged man who sat next to me during the meeting explained the reason why the congregation were asked to fast and pray for the Olympic Games. He stated;

“We are part of the city of London and so we must pray for God to protect people during the Olympic Games”

It was an interesting experience for me that night as it gave me an opportunity to witness the active rather than passive involvement of the congregation in the affairs of the larger community in which the church is situated.

The congregation expressed a belief in God and Jesus and prayed to God individually and sometimes in groups in every service. I was quickly attracted to and fascinated by the sight of seeing so many people from different ethnic backgrounds and expressing a common belief under one roof when I first arrived at the Sanctuary Church. Almost every member of the congregation expressed a shared belief in God, spirits and in the supernatural as a community which was based on their religious faith and cultural background. The people thanked God individually for various things that God had done for them during the church services.

It was very interesting to see that some of the rituals seen in other churches in the city were also found in the Sanctuary Church. They performed activities and rituals like the celebration of a baby's dedication, weddings, christenings, participating in shared values and regularly attending Sanctuary Church which brought a sense of community.

From my research, it was clear that this was not just a series of rituals which were performed by the people, but they were also emotionally involved.

6.3 A typical church service

Sunday was pouring with rain as I walked into the Sanctuary Church. The pattern of the services followed largely the same routine each time. It started in this fashion, with singing and praises which were usually led by the worship singers and musicians. The songs were

melodic and upbeat and African rhythm was played on the drums. It was expected that all who attended knew the words but sometimes I struggled with some of the songs, however, due to the repetition of the chorus I became quickly familiar with the words. After the singing of songs and praise session which usually lasted for half an hour, Pastor John stood up and I found myself rising in unison with the congregation. This was a mark of respect as he walked to the podium to preach the sermon.

The Bible speaks to people in different ways and the congregation had a shared belief in it. Passages from the Bible were read out by the senior Pastor to encourage the congregation to speak out about their beliefs, faith and praise God before he preached his sermon which usually lasted for about an hour and a half. He had a great sense of humour that delighted the congregation and often said something humorous when he preached. There was always great laughter among the congregation whenever he made humorous comments and jokes in his sermons and it seemed that the sermons he preached spoke to the cultural needs and beliefs of the congregation and the community in which the church was situated. He sometimes shouted at the top of his voice when he preached and this reminded me of a similar experience in another church which I had visited recently.

At times there was less emphasis on Jesus and God in the message that was preached although they were mentioned. Common themes that Pastor John preached and emphasized were the topics of health (how members of the congregation can get healed from the attack of the devil or evil spirits), wealth and prosperity. This was different from what I had experienced in my local church and other Pentecostal churches that I previously attended, where the Good News story of the Bible and God's saving Grace for mankind through His Son Jesus Christ was stressed.

It was obvious from the responses and reactions of the congregation that the majority of the members living in the Freestyle community easily identified with the topics which Pastor John preached. Some members of the congregation shouted praises and others nodded their heads, some jumped up and down and uttered words like *'preach on Pastor this message is powerful'* whenever the Pastor preached his sermon. Also some members

clapped their hands during and after the Pastor finished his sermon. These responses made me feel that some members of the congregation found the Sanctuary Church to be a place where they can get solutions to their emotional and psychological problems. Occasionally, one of the two junior Pastors and sometimes a guest speaker stood in for the Pastor and preached the sermons when he was not present.

The collection of money took place soon after the sermon had ended. (This part of the service is similar to how it is conducted in my local church and it is called offering time in the Sanctuary Church).

Pastor John announced it in the course of the service and explained to new members of the congregation and visitors the reasons why the offering was collected. It soon became clear to me that some members of the congregation saw the giving of an offering as an act of worship to God and an opportunity to give money (cheque or cash) voluntarily towards the up keep of the church. The people sang a song as they gave money and so the worship singers played a role and led the members to sing songs as the collection took place. (More details of the role of the worship singers are provided later in this chapter). I wish to emphasize here that I did not observe any payments exchanged for the healing events that took place in the Sanctuary Church.

The congregation stood up to give to the ushers who waited on them and they went around to every section of the room with small blue and white coloured buckets in their hands to collect the offering. The collection of offering was done by fourteen women who were all part of the second group of ushers and were responsible for collecting the offering in all church events. It was usually all women, although on occasions, I also caught sight of some men also collecting the offering.

After the collection of the offering, one of the junior Pastors prayed over the money before the buckets containing money were taken to a small room that was next to the platform on which Pastor John and the church leadership sat during the service. Although I saw that not everybody put money in the buckets as it passed by, there was still a sense of community spirit expressed in the faces of people as they put their contributions in the blue and white

buckets was very interesting to see that some members smiled and looked very cheerful as they gave out their offering. This ritual happened in every service although the time for collection of the offering varied from one service to another.

The church announcements were made after the offering has collected by the church Secretary, who is also one of the three Elders in the church. The announcements were usually about coming church events; fasting week/month, visits by a guest speaker, free teaching sessions offered by various members of the congregation, outreach programmes, etc., etc. Sometimes Pastor John emphasized some of the information later in the service by repeating what had been previously announced by the Secretary.

In ordinary Sunday services, the senior Pastor sometimes gave opportunities to people to share testimonies if they had any (this topic will be re-visited later in this chapter). The Pastor asked the congregation to arise from their seats after the announcements were made and from a standing position, he prayed loudly for the congregation and also asked them to say the blessing together to end the service. In most ordinary Sunday services, the pattern was that the service ended after the church announcements were made and the blessings had been said collectively. The entire service lasted between two to three hours.

At the end of the service everyone was invited to take part in the sharing of food and drinks that were often served in a small hall next door to the main church room after the service had ended. However, some members left the church premises immediately with their families and others stayed at the end of each service, generally socialising with each other at one given time (this subject is discussed in more detail later in this chapter).

6.3.1 A typical healing service

During my fieldwork I attended many healing services and this section describes a typical miracles and healing service in the Sanctuary Church. These services were announced in the church and advertised well in advance, sometimes up to two months before they

happened. They were considered as special events and were conducted only by Pastor John.

I attended one such event on a fine warm late summer Sunday in September 2012. I arrived at the church about 6.00pm for a service that was scheduled to start at 7.00pm. As anticipated from my previous visits to the church on similar occasions, I was not surprised to see that other members of the church and visitors, mostly from the same cultural background, also arrived and took their seats at the same time. The people who arrived early took their seats in front of the platform, close to where most of the activity took place during the service and I was not different in this behaviour. As anticipated, the church was full to capacity; the attendance number had increased substantially on that night. Many people did not get seats inside the main church hall and had to sit in the extended space created for the surplus numbers of people who attended.

The worship team had just finished setting up all the music instruments and were practising songs which they sung in the service later that night. By the time they finished rehearsing their songs, the church was almost full to capacity with about nine hundred members of the congregation and visitors already seated an hour before and waiting for start of the service. It was remarkable to notice that not all members of the congregation attended the ordinary Sunday services but the church was always full to capacity during healing services.

The service commenced with a prayer by a member of the worship singers who prayed in a loud tone of voice through a microphone. The songs for the service were chosen by the worship singers that night, however in some healing services, Pastor John asked the worship singers to sing particular favourite songs which were chosen by him. Soon after the prayer was said, the first song to be sung was introduced by one of the singers and the rest of the congregation joined in to sing the songs as soon as they were introduced. The songs which were sung during the services tend to cover topics like 'Our God is a healing God', 'Shout to the Lord', 'You are my God', and 'He is miracle working God'. There were at least four worship singers who led the congregation to sing five songs. The songs were popular

and familiar to the congregation, compared with the ordinary service; more songs were sung in the healing service. Apart from their role in leading the congregation to sing, the worship singers played an important role in the healing process.

Each of the worship singers held wireless micro-phones in their hands when they sang songs and this helped to vibrate the sound of the songs to every corner of the room. The people sang songs and praised God together in a celebratory manner; there was a calling of the name of “*Jesus*”, “*God*”, “*Halleluia*h”, “*Amen*”, clapping of hands and sometimes dancing together during the singing of songs session. The words were mostly in the English language apart from one which had a mixture of both English and African lyrics and tune.

The content of the songs consisted of Biblical and inspiring words. The songs were upbeat with a pronounced drum rhythm, almost transical. There was an atmosphere and sense of spontaneous celebration during the service; a lot of hand clapping and dancing by most people in the congregation was observed. From my gaze around all sections of the room during the service, I saw that many of the congregation looked cheerful, excited and joyful as they clapped their hands and sang. Others danced around in the space in front of where they stood, some had their arms stretched sideways and appeared to be praying during the singing of songs, others had their arms raised high, others knelt on the floor in front of their seats and still others waved their hands in the air in a celebratory manner as they sang loudly and danced around. In contrast with the ordinary service, it was very intriguing to notice the high spirits in the mood of the congregation during the singing session that night.

There were repetitious chants of ‘*Praise the Lord*’, “*Amen*”, “*Halleluia*h” by some members of the congregation as the music went on. Sometimes a member of the worship singers who led the songs shouted “*Praise God*” at the end of each song and the rest of the congregation responded with the same words or ‘*Halleluia*h’. A number of people shouted and appeared to be really praising God at the top of their voice. Some members of the congregation either stood or sat near relatives who were brought in wheelchairs and all

waved their hands as the singing progressed. I participated along with the others in the singing, clapped hands and sometimes danced a bit in the space in front of my seat to the tunes that were sung. The singing and dancing went on for about 45-50 minutes which was longer than the singing session in the ordinary Sunday service. This part of the service was like a carnival where people praised God and there was an enormous sound made during this session and everyone around me looked happy, joyful, excited and to some extent content. There was a feeling of excitement and expectancy among the congregation during the singing of songs session.

Mrs Ashiatu, gave an interesting explanation of the relevance of singing of songs and praises in the healing services at Sanctuary Church during a conversation with her later that night. She reflected;

“When we sing and worship God in this way, it lifts our spirits and gives us more hope. The songs, dancing and praises created an atmosphere for miracles to happen. Our eyes are opened to see things we have never seen before”.

Pastor John addressed the congregation as soon as the singing of songs and dancing session ended. The sermons formed part of the healing process and he preached from a standing position on the platform. He stood up from his seat and walked to the podium to preach his sermon. He read a passage from the Bible just as he does in the ordinary services, however, on this particular night, he explained to the congregation that the Bible was a perfect book and that all the words of the Bible shall come to pass. He told the congregation to expect a life changing experience with God that night because God was with them when he preached. The congregation shouted ‘Amen’ and “Praise the Lord” as the Pastor preached.

Compared with a normal Sunday service, the Sanctuary Church healing services had intriguing and eye-catching titles of sermons such as: ‘Being liberated from loneliness’, ‘Wonders/Miracles All Night Prayers’, ‘Who are Thou’, ‘Experiencing the freedom of Grace’, ‘Change the unchangeable’, ‘Crossing Over’, ‘Faith –Family and Finance’, ‘Winning the Battle for your mind’, ‘Experiencing the healing power of God’.

The titles of the sermons were sometimes announced in advance to the congregation during church services in the days, weeks and sometimes months prior to the event. Compared with the ordinary service, the sermon preached on a 'Miracles and Healing' night was brief and I soon found out that it was the same in all the healing services I attended.

The senior Pastor gave a cultural explanation and understanding of the cause of emotional, psychological and physical problems which were experienced by some members of the congregation when he preached. In his sermon that night, he described to the congregation that the human body belongs to God and therefore cannot be affected by any form of sickness, disease or mishap. He proclaimed;

“Christianity is the impartation of heaven on earth and so you are not the kind of people that witches and the devil should be challenging”.

The congregation listened thoughtfully when the Pastor spoke to them through a microphone. The theme for his sermon was hope and he gave the people hope about getting healed from their mental and physical problems. In his sermon he said:

“Celestial bodies do not get sick, celestial bodies don't get temperature, celestial bodies do not get migraine, celestial bodies don't have menstrual pains, celestial bodies don't get depressed, celestial bodies don't get illness”.

He told the congregation that the devil will have no control over their lives and asked them to be expectant of the miracles from God and an overflow of healing during the service. Some members of the congregation shouted *“Halleluiah”* with enthusiasm when the Pastor said that.

After the sermon, he prayed through the microphone and asked the congregation to pray collectively to God and Jesus. He usually asked the congregation to pray on specific issues affecting the church and members at every event. However, on this night, it was exceptional, he asked the congregation to pray loudly for divine interventions and healing. Everybody prayed and this lasted for about fifteen minutes. In this fashion, the recipients became active

participants in the process of healing. He asked the congregation to stop praying through the microphone which he held in his right hand.

While the people prayed, Pastor John walked down from the platform to front of the congregation and after everybody stopped praying he declared in a loud tone of voice;

“In just a few moments I will lay hands on some of you and you will receive your healing tonight”

By this time all the worshippers stood up on their feet and he asked them to shout ‘Jesus’. All the members including me responded with the same words. He reminded the congregation of issues they may be faced with: such as sickness, debt, anxiety, unemployment, disobedient children, bullying from their manager, etc. He then asked for those who were sick and wished to be prayed for to come forward from their seats to the front. There were over two hundred people in the congregation, mainly women, who stood up and walked from different sections of the room to the front. A third of the people who walked to the front were men. Some of the women carried little children in their arms and some walked beside young children to the front. Some people sat in wheelchairs and were wheeled to the front by relatives to be prayed for by the senior Pastor. Others were assisted by some of the church attendants who held the hand of those who could not walk properly and walked them to the front.

Some members of the congregation who came out to be prayed for knelt on the floor but others stood up. Pastor John stood close to the individuals he prayed for and laid his hands on the person’s forehead or part of the body that was ill before he said a prayer for that individual. He sometimes whispered in the ears of a person he was about to lay his hands on and asked the person the part of their body that was hurting before he prayed for them. Sometimes he put oil on the part of the body that was ill before he prayed for some people.

Coincidentally I was suffering from a severe migraine that night and so I walked to the front of the platform to be prayed for by Pastor John that night and I was amazed to see that

many other members walked to the front with me to be prayed for. Pastor John put his hands on my head when it was my turn and he asked me quietly what my problem was before he laid hands on my forehead to pray for me. He stated the following words when he prayed for me;

“I command your migraine to go away now. Be healed in the name of Jesus!”

The migraine did not go away instantly after the Pastor prayed for me but I felt a sense of peace and calmness within me after the words the Pastor prayed for me. On my way home that night, two hours after the service had ended, the migraine suddenly stopped and I felt some comfort and peace in my head. I have had headaches recently but not migraine since the Pastor prayed for me about eight months ago in that healing service.

Pastor John used different words and expressions and said the words in a very loud authoritative tone of voice when he prayed for people during the healing service.

He shouted out these words in a loud tone of voice when he prayed that night and the following are typical statements:

“This is your night, receive your healing now in the name of Jesus”, “I command every situation, sickness, and disease in your life would be changed in the name of Jesus”.

The senior Pastor and some members of the congregation sometimes made gestures or imaginary signs with both hands open as if he was cutting something in the air when he prayed. At times some of the people Pastor John placed his hands on fell backwards on to the floor and rolled on the floor as soon as he put his hands on them. However, not everyone fell on the floor when they were prayed for. A few of them stayed on their feet as they were prayed for by the Pastor. Others screamed or shouted loudly as they lay on the floor. I looked round me and across all sections of the room in that healing service and counted fifteen people lying and some rolling on the floor after the senior Pastor had prayed for them. Occasionally, the Pastor also falls himself and rolled on the floor in front of the congregation.

In one healing service, he said he was interceding for a person he prayed for by rolling himself on the floor in church that night.

There were about six women and two male ushers who stood by the Pastor during this session and they went to cover the people who lay on the floor with pieces of cloth, to maintain their dignity. The musicians continued to play their music and I saw other people prayed quietly as the healing session continued. Some of the ushers also prayed quietly as they stood by the Pastor.

A woman was observed to be jumping up and down on one spot with her eyes closed and saying *"thank you Jesus for healing me"* and others just stood by in one corner of the room, their body shaking. The laying of hands and praying for healing lasted just three hours but it was longer in other healing services that I had previously witnessed in Sanctuary Church. Pastor took his microphone and asked the congregation to shout *"Halleluiah"* or *"Jesus"* when he finished and the entire congregation repeated after him.

He announced to the congregation it was time for them to give their offering after praying for people individually. As it is the normal Sunday service, some of the attendants went round with the blue and white small buckets to collect the offering. Soon after the collection of offering, Pastor John gave opportunities for people to share their testimonies if they had any.

6.3.2 What concerns did people bring in the service?

As indicated above, it was a usual occurrence for Pastor John to give opportunities to members of the congregation he had prayed for in the healing and some ordinary Sunday services to share their testimonies if they had any.

The testimonies session was the time when members of the congregation were encouraged to share publicly with others in the congregation what caused their problem and the outcome of what happened when the Pastor prayed for them. Members of the congregation had the

chance to witness in the public domain through the sharing of their experience and faith as well as a display of what some members described as receiving healing. Sometimes the senior Pastor prayed testimonies to happen. In one healing service he stated;

“I pray that there will be an overflow of testimonies”.

This subject of testimonies is explored in much detail in the paragraphs below. The time devoted for this session during the healing services was relatively longer compared with ordinary Sunday services. Members of the congregation who chose to share their testimonies bravely took the challenge of standing in front of the members and boldly shared their testimonies publicly. They were often guided to the front by some of the ushers and were asked to form a line in one corner of the room. From that corner each person would walk to the front when it was their turn to give their testimony. I was always amazed to see that a lot of people stood up and were willing to share their testimonies when offered the opportunity to do so. In one healing service I saw about eighty members of the congregation who stood up who were willing to stand and share their healing experience in front of the congregation.

Some of the testimonies which were shared in the services threw some light on my quest for answers to the question as to why a lot of people from Sub-Saharan nationalities attended the Sanctuary Church for healing.

Different members of the congregation shared their testimonies and these were occasionally linked to what people believed to be the cause of their problem. For example, Mr Tetey, also gave his testimony in one healing service and he stated:

“The devil has been attacking me. I spent all my money on buying and drank a lot of alcohol, lost my Job and I tried to kill myself about four times in three years. My GP asked for me to be admitted to the hospital and I was first admitted to hospital about eighteen months ago and stayed for four months. When I came out of the hospital I was put on all sorts of antidepressant medication but they didn’t work for

me. Last year I went back to the hospital again and when my sister visited she asked me to come and see Pastor but I didn't. When she asked me again about five months ago and I decided to have a try and so I came to the last healing and miracles night. That night I sat in the corner there (pointing to where he sat on his first visit to the church). When Daddy started praying for the sick, my sister came to where I was standing and held my hand and led me to the front and Daddy prayed for me”.

Another member of the congregation Mrs Tada, explained her reasons for attending the Sanctuary Church at a later date when I interviewed her:

“I looked after my son on my own since he was age eight and now the devil wants to spoil him. Who else can make my son behave in this strange manner, stripping off his clothes in front of me and wanting to go out of the house naked? How can my son go mad, he does not take drugs or smoke I would have said maybe it is the drugs but he doesn't do any of these? I know what is happening to my son is spiritual; the devil is trying to spoil and destroy my son. I am sorry for crying” (Tears flowing from her eyes).

The devil was also seen to be the cause of all negative occurrences in the community including social and sometimes political problems, like unemployment, job loss, marriage breakdowns and difficulties in getting the correct immigration documents to live in England.

George, a tall, slender built middle aged man, a regular attendee at the Sanctuary Church shared his testimony in front of the congregation during one church service:

“About a year and a half years ago, I was lost my job through redundancy although I wanted to work for the same company. I was the only one made redundant in the company at the time. I feel it was an attack of the devil. I searched but did not find a Job for more than a year. I was depressed and did not want to out at all at point. One Sunday, my friend, Tammi asked me to come to her church with her. When we arrived here, Pastor was praying for people to be healed. My friend asked me to go

out and be prayed for by Pastor John. Since Pastor prayed for me, I feel the spirit of depression is gone away. I now have a new Job which I started two days ago. I feel the devil is defeated...”

Mr Tayo, a medium built middle aged man was wearing bright yellow shirt made from Africa textile his reasons for attending the Sanctuary Church:

“My wife was suffering from breast cancer which the doctor diagnosed last year and they did all they could in the hospital but her health was not improving. I was very sad and worried that my wife will die. A friend of my sister told me about Pastor John and his healing powers and she suggested that I bring my wife to the Sanctuary Church for prayers. When we first came here, Pastor prayed for my wife and asked her to do her deliverance which we did for about three months. We went back to the hospital last week for a check- up and the doctor said he could not see the lump which in my wife’s breast. The doctor said he was very surprised how quickly the cancer in my wife’s breast healed. Praise God! The God of Sanctuary Church is powerful. The devil is defeated and has no control over my wife!”

Matilda, a tall well-built woman explained to me when I interviewed her:

“I took my children to Zimbabwe last year Easter and had a wonderful time but since we came back my son Ngabuto has not been well. His behaviour has definitely changed. Actually, a week before we came from Harare to Freestyle borough, John woke up in the middle of the night and started screaming and saying things like ‘leave me alone’, leave me alone’. I thought he was having a bad dream that night. I don’t know what happened to him again but shortly after we came back from our holidays, he could not sleep and he was sometimes screaming and shouting in the middle of the night. When he goes out and sees any insects or ants, he screams. His behaviour was strange to me and my husband and I took him to see our doctor. The doctor referred John to see a psychologist and the psychologist has been seeing John every week for the last three months but we have not seen any progress in his behaviour. It even got worse at the beginning of this year such that he stopped

going to school for fear of seeing insects and ants on the way to school. The psychologist said that my son suffers from somethingPhobia but I think this is a spiritual attack by the devil. I think somebody in my family bewitched John when we went to Harare. This boy has been going to school alright never had any fear for ants or insects. I started coming for prayers with John in the last four and a half months. Since Pastor laid his hands on Ngabuto and prayed for me him, he started going out gradually without fear. He told me two months ago that he now wants to go back to school!"

Everybody in the room including me looked and listened intently when a member shared what they believe to have caused their problem in testimonies. I was astounded by some of the beliefs and statements I heard in the church although I am from the same cultural background and familiar with some of the beliefs but sometimes it was hard to imagine why they believed in the things they did.

6.3.3 What happened when the Pastor prayed?

This section discusses the outcome and experiences of what people said happened to them when they were prayed for by the Pastor. There were always many people who wanted to share their testimonies in this way. In one healing service, Sala a middle aged man gave his testimony in front of the congregation. He spoke in a quiet but audible voice about a healing experience from a mental breakdown:

"Three years ago I had a mental breakdown because I used to take every single drug you can think of in this world, (ecstasy, marijuana, and cocaine). My doctor said I suffered from schizophrenia but I knew my mum and my family were praying for me and wanted me to get better but I had never stepped in a church before until now. Tonight, my mum asked me to come to this healing service with her and I thank God that I came. When Pastor prayed for me tonight, I felt something drop from my nose into my mouth and when I spat it out it was a stone, look this is it. (Held the stone high in his hand to show the congregation). Pastor prayed for and asked me

to go and do my deliverance. I felt a sense of peace and relief in my head after Pastor prayed. I feel I am healed, this is a miracle, praise God for Daddy”.

He smiled and waved his hands in the air and shouted *“Thank you Pastor John!”* After his sharing his testimony that night, Pastor John took his microphone and asked the congregation to say *“my break through has come, thank you Jesus!”* and the congregation repeated the words in a very loud tone of voice.

In another healing service, a wheelchair bound man who was prayed for by the senior Pastor stood up from his wheelchair and started shouting with a smile on his face, *“I am healed, I am healed, thank you Jesus for healing me”*. One of the attendants drew the attention of the Pastor to what had happened to the man and immediately the Pastor stopped praying for people temporarily during the service. He asked the musicians to stop playing the music so that the man could share what had happened to him. He called the man who was at this point very excited and looked happy to share his testimony with the entire congregation and he did so through the microphone. The man introduced himself as David and he testified about his instant healing from depression and arthritic pains after Pastor John prayed for him at the beginning of that healing service. He could not walk before and was brought in to church in a wheelchair that evening. He concluded his short speech by exclaiming:

“For three years I have been in a wheelchair but tonight I have been delivered from the attack of the devil and I have received my healing. I thank God for his divine healing. Thank Jesus for Daddy, (referring to Pastor John)”.

David was very excited, joyful and jumped about and waved his hands in the air as he celebrated his healing, saying ‘thank you Pastor’! As he waved his hands in the air, the rest of the congregation erupted in praises joining in the celebration of the healing received shouting various words like *“Praise God, “Thank you Jesus”, “Jesus”, “Halleluiah”, “Pastor John you are good”*. He looked at the face of Pastor John and rest of the congregation gleefully, it was obvious that the man was happy and joyful as he jumped around and

displayed his healing publicly to the rest of the congregation. Others clapped their hands to thank God for the story that had been shared by a member.

These repetitious chants and clapping of hands often happened during and after an individual had completed sharing their testimony publicly to the members. Some people shed tears and smiled at the same time and I often saw tears brimming in the faces of some of the members when another member was sharing a testimony. Everybody including me and Pastor John simultaneously shouted loudly “Jesus” after David had finished talking about his healing experience in that service.

Mr Johnson, described his experience of a mental health problem and healing from it as miraculous:

“I suffered from a spiritual deliverance and mental health problem when I first came to the Sanctuary Church. I felt like there was something controlling me and laughing at me all the time. I did not know what it was but I believed God has power over every illness and the negative thoughts that were coming into my head for a long period of time. Thank God, but I received my deliverance and healing when Pastor John prayed for me. I feel all right in my mind. I think this is a miraculous healing of God”

Emmanuel gave his testimony in another healing service and said:

“I was diagnosed as suffering from a stage four liver cancer and have been in pain for the last five months. Tonight when pastor prayed for me, I felt something came out of my body and a relief in every part of my body and the pain in my body just stopped. I am healed, thank you Jesus for healing. Thank you Daddy”

Joanna, a young woman, said in her testimony:

“The doctors told me I will never have kids of my own because of my problem. For sixteen years we tried to have a baby but were not successful. A friend told me about Sanctuary Church and I came with her one Sunday. That day Daddy laid his hands

on me and prayed for me and told me I will become pregnant. Six months later, I stand here with much joy to share my testimony. I am expecting our first baby after nearly seventeen years of marriage. This is a miracle and I would like to thank Pastor John. The God of Sanctuary Church is alive, Praise God!"

Bimla enlightened me on what it means to 'do your deliverance' in an interview one night. She explained:

"Pastor John asked me to go and do my deliverance after he prayed for me for the first time. I did my deliverance for seventeen weeks. I used the anointed oil which I bought from the church on my body all the time, drunk the Ribena drink daily which Pastor John blessed for me. I also fasted from food for twenty-one days and prayed to God. I feel well in myself now, I feel I have been delivered from the demonic attack of the devil. Thank God for Pastor John, I am now thinking straight and happy. This is the first time in five years since I have worn a suit. The God of Pastor John is very powerful!"

Agatha was very excited, joyful and jumped about and waved her hands in the air as she celebrated her healing saying 'thank you Pastor'. As she waved her hands in the air, I saw that the rest of the congregation who were present joined in the celebration of the healing that she had received that moment by shouting various words like *"Praise God, "Thank you Jesus", "Jesus", "Halleluiah", "Daddy you are powerful", "Pastor John you are good"*.

After Agatha's testimony people in the congregation clapped their hands to thank God for the story that was shared. Pastor John took a microphone from one of the male ushers and asked the congregation to shout *"Jesus!", "Devil, you have no control over me again", "tonight I receive my healing in the name of Jesus!"*. The congregation including me repeated the words loudly after the Pastor. A real sense of community support and unity was shown by the people.

Gbogbo, one of the few male attendants led a man to the front and interrupted the Pastor when he was praying for people during a healing service. After giving a brief introduction to Pastor John, the attendant gave a microphone to the man who gave his testimony and said:

“My name is Solomon and I am 27 years old and deaf from birth. This evening I received my healing when Pastor prayed for me, I felt something has come out of my two ears as soon as he touched my ears, For the first time I heard some noise in my ears, I could hear the music, thank you Jesus, thank God for Pastor John, I am healed, I am healed, halleluiah!”

As Solomon waved his hands in the air, the rest of the congregation present joined in the celebration of the healing received by the man in that moment and shouted various words

“Jesus”, “Halleluiah”, “Praise God”, “Pastor John you are good”.

Mutali gave his testimony after receiving healing from his heart problem:

“I was diagnosed by my doctor in the hospital as having a heart problem. My doctor invited me to attend an emergency appointment with him about three weeks ago. He explained to me that there was something wrong with my heart, a blockage somewhere and did all the test and investigations...ECG, blood tests, and all that. My doctor told me I will need a pace maker I will need a Pace Maker to help my heart. I was upset but I said to my Doctor ‘no Pace Maker’, because God will heal me. I came here to see Daddy (pointing to Pastor John), and for the first time I had 1:1 with ‘Daddy’. After he prayed for me he told me I will be well and asked me to go and come back later to share your testimony. Today I am very pleased I didn’t get the Pace maker and the doctor says I don’t need it anymore. Praise God this is a miracle, I am healed Pastor John, you are powerful!”

Soon after Mutali had shared his testimony that night, Pastor John took his microphone and to my amazement he said to Mutali in front of the congregation *‘No way to pacemaker’!*

Apart from people rolling on the floor during the healing services, some people clapped their hands; some people knelt on the floor when they were prayed for by the Pastor.

Others spoke in a strange language which I did not understand and tears flowed from their eyes as they were prayed for. Deidre whom I had seen utter such words in another service described it as 'speaking in tongues' during my conversation with her when the service ended. Suzanne was observed to be turning around several times on the spot after the Pastor had put his hands on her head and prayed for her. She shouted; "*Jesus, Jesus , Jesus*" and went on her back and rolled herself on the floor. Part of her body was exposed as she lay on the floor and I saw Paulina, one of the female attendants run to put a piece of purple coloured piece of cloth on her immediately to maintain her dignity.

Zama, a young woman about twenty-eight years old and fair in complexion, was also seen lying on the floor in the healing service and vomiting some green saliva from her mouth after the Pastor had prayed for during the healing service.

Linda explained in a conversation what happened to her after the Pastor had put his hands on her head and prayed for her:

"I don't know how I got to the floor; all I remember was that I felt some sensation in my body and something came out of my body when Pastor put his hands on her forehead. I was on the floor for about thirty minutes and when I eventually opened my eyes, I saw a woman standing by me who directed me to where I sat at the commencement of the service".

It was not just healing of the body and mind that happened in the healing services, but also social issues were addressed, for example, other members testified that they got their 'immigration papers' after Pastor John prayed for them.

In one Sunday service, almost all the testimonies that were shared concerned 'immigration papers'. Tobi stated in his testimony;

“I have lived in this country for thirteen years. When I applied to the Home Office for a permanent residence, I asked by the Home Office to leave the country. In the last two years, I have been to court five times and the Home Office has written to me twice and asked me to leave this country because I was deemed as an illegal immigrant. My solicitor has been helping me to defend my case. Last year I told my friend about my problem and he advised me to come to the Sanctuary Church for Pastor John to pray for me. When I came to see Daddy, he prayed for me and told me it shall be well with me. Two months ago I had a letter from the Home Office to inform me that they were looking into my case again. Halleluyah!, I am standing here with my papers today. This is a miracle! God has brought Pastor John to release us from the bondage of the devil. Pastor John is a mighty man of God, Daddy, you are powerful!”

Tobi waived his hands and showed some papers which he held in his hands that afternoon.

Paul, a key informant, told me that apart from his depression, he also faced deportation at one point. He said in his testimony;

“For twenty years I have been ‘fighting against deportation by the Home Office to Malawi. Last year, my friend asked me to come and pray at Sanctuary Church. We came and I was prayed for by Pastor John. When Daddy (referring to Pastor John) prayed for me, he told me I get my healing in the name of Jesus. Today I am standing here with my papers; the devil is defeated and shamed. Thank you Daddy”

It was very interesting to see that many people shared their testimonies about getting their ‘papers’ that day (documents which they had received from the Home Office), they waved them in the air and this was very intriguing. It could be suggested that the Sanctuary Church building did not only serve as a therapy landscape but also it served as a refuge for many Sub-Saharan migrants living in Freestyle borough.

The people who told stories about their healing were very excited, joyful and jumped about and waved their hands in the air as they celebrated their healing. There was a true community support during the sharing of testimonies and it was as if they were saying to

the person who had shared the testimony, “I am” or “we are” with you. There was an inspired unity and love among the members which often reminded me and made me feel a sense of my African roots and identity. Maybe these acts reminded them of their common history and identity in that community. Thus, fostering and celebrating community cohesion which continued to grow. It was obvious from the testimonies that were shared, that some people believed they had received instant and miraculous healing when the Pastor prayed for them. The testimonies impacted the life of many and helped to bring more people to the church. At times I felt overwhelmed sharing their joy. It was exhilarating! The people warmed my heart in the way they shared their experiences so honestly.

I was sometimes astounded to see how detailed and vivid some of the testimonies were. It was also interesting to see that not all the members saw the senior Pastor as a conduit between them and God. Many members of the congregation believed that it was God who delivered them from the devil or helped them to get a job or regularised their immigration status in England, however, some members of the congregation appeared to give the credit to Pastor John when there was a positive outcome to their problem, rather than God. They gave the impression that the miraculous healing they received or a new job they found was done through the power of Pastor John rather than God conducting the miracles through the Pastor.

The senior Pastor asked the congregation to arise after the sharing of testimonies and he prayed for the people and blessed the people from a standing position on the platform to end the service. Compared with a typical usual service, the entire healing service was longer that night. Other healing services I attended during my research took up to about five hours from the start to the end of the service.

6.3.4 Summary:

In this chapter, I have tried to present a faithful and vivid description of my observations in the Sanctuary Church. I found my observations in the Sanctuary Church very interesting, eye opening, sometimes mind blowing and confusing. When the church was not being

used for religious activity, the building was used to provide free English as a Second Language (ESOL) and basic training in Information Technology (IT) for members who needed this training. Members of the congregation who had expert knowledge on immigration, accounting and writing curriculum vitae and interview skills took turns to offer free regular advice and support to members on different days during the week in each month. From time to time some members gave testimonies about how they got jobs through the training and advice provided by the church.

It could be suggested that the Sanctuary Church building did not only serve as a church or therapy landscape but also it served as a refuge for many Sub-Saharan migrants living in Freestyle community. There was a real sense of community among the people who attended the Church and after the services have ended. The prevailing social conditions, built environment and perception of the congregation combined to produce a place which could best be described as “a theatre of dreams” where attendees have high expectations of receiving healing for their emotional and psychological problems. Maybe the spiritual perspective on physical and psychological problems, which Pastor John identified with, and his healing powers reinforced his popularity among the congregation and community. It could also be that some members of the congregation saw Pastor John not just as a man from the same cultural background who understood their cultural needs but also heard from God on their behalf. Unlike the hospital, he addresses factors such as evil spirits, witchcrafts, and the devil in his sermons and these were commonly seen by the people from this background to be the cause of their mental or physical illness, marriage breakdown, job loss and other misfortunes.

Chapter 7: Analysis (Part 1) Beliefs, causality of illness and healing.

7.1 Introduction

In chapter six, I presented my ethnography of a healing service in the Pentecostal Sanctuary Church. This chapter aims to identify some of the deeper cultural domains that exist within this Church and identify some of the practices that occur within and outside of this Church that have significance in healing practices. As Sutton and Austen (2015:231) suggest, the presentation of findings is significant because it is: *“...usually where “the story” of the participants can be distilled, summarised, and told in a manner that is both respectful to those participants and meaningful to readers...”* There are different ways to present findings and I have decided to integrate my research findings within the discussion, rather than present the findings and discussion as two separate chapters.

This chapter seeks to answer the research question: *“Why do people go to the Sanctuary Church for healing?”*

The findings from the data are presented thematically and presented in an order that will enable the reader to understand both the underlying spiritual views of people attending the Sanctuary Church (especially the construct of God and the devil and the roles of these forces in health), as well as and also the healing practices that happen in both the Church service and outside of the Church. Throughout this chapter, I have tried to distinguish data generated from my ethnographic studies and from the findings from my qualitative interviews, so that the reader will understand the origin of the text. Additionally, I will use my insights from my two phased data collection process to support my discussion, so that my ethnographic insights will be complemented by insights from the qualitative interview data.

The chapter is divided into three parts. Part one is concerned with beliefs and the causality of illness. The key themes in this section include; (i) “the construction of God” (ii) “God, Jesus and the Holy Spirit” and (iii) “the conceptualising of the devil”.

In Part two, I have discussed issues around “Healing processes and practices” at the Sanctuary Church. The key themes in this section include; (iv) the role and construction of the Pastor by the congregation (v) the healing service in the Sanctuary Church (including some more detailed discussion on the role of Pastor John in healing), (vi) the use of symbols and symbolic acts, sound and the visceral body, as well as the use of symbols and transubstantiation in healing, (vii) and finally in this chapter, I discuss the ‘locus of control’ in accounting for illness and healing in the Sanctuary Church. In Part three, I discuss the concept of locus of control and community. The two main themes explored in this section include; understanding the reasons why some people attend the Sanctuary Pentecostal Church for healing and the role of the Church and the production of community in the African diaspora living in the Freestyle city. I have structured my analysis chapter in this way to help the reader gain a clearer understanding of the people in my study.

Before I start the chapter, I would like to mention that the discussion in my analysis has mainly been influenced by social science theorists, however, because my research relates to healing and spiritual practices, at times, this has raised some theological questions. Therefore, while most of the analysis is approached through the lens of the social sciences, at times my discussion has some theological insights.

Part One: Beliefs and the causality of illness

7.1.1 The conceptualising of God

It has been suggested that “miracles and healings” are a common part of Pentecostal Church practice (Warrington 2006) and central to this activity is the belief that the source of this healing originates from God. Therefore, I thought it would be useful to start this chapter by looking at the construction of God by members of the Sanctuary Church congregation. The concept of God has been widely examined across the literature and in a wide range of

different disciplines (Welz, 2016; Davis et al., 2013; Jackson, 2014; Daly 2010; Green et al., 2002; Luhmann, 2000; Nielsen; 1999; Daly 1973). For example, Jackson (2014) examined God from the perspective of classical theism (the term 'theism' can mean a belief in a god or gods) and suggests, that in Christianity, God is perceived as single, omnipotent (all powerful), omniscient (all knowing) and omnibenevolent (all-good) and Jackson, 2014 suggests that this construct is also the orthodox view for Jews and Muslims.

Certainly my fieldwork findings seem to indicate that in the Sanctuary Church God is also seen as a single entity (although, as discussed later in this chapter, this concept is slightly confused by the belief in the Holy Spirit), God is also seen as omnipotent although the powerful role of the devil as a negative force would at times contradict this and God seems to be constructed as omniscient and omnibenevolent.

Yet despite these commonalities with the classical understanding, it quickly became apparent through my research, that the concept of God was constructed in various ways. For me, as a Christian from a different Pentecostal Church background, hearing the name of God mentioned during my fieldwork, among a different Church congregation, was both familiar and sometimes strange. Before I started my fieldwork, I assumed that I would share a common interpretation concerning beliefs around God and the teachings of the Bible. However, during the services in the Sanctuary Church, I often found myself distracted, because God was constructed and interpreted by the congregation in ways that differed from my own beliefs, especially by the Pastor and other members of the congregation in the healing services at the Sanctuary Church.

As I shall discuss in my fieldwork findings below, while God is associated with healing, it is impossible to understand his role in the healing process without understanding that God is always constructed in opposition to the devil. The devil is seen as being responsible for the causes of illness, bad luck and misfortune. While these dichotomised roles for God and the devil are common in many Christian faith traditions (Davis et al., 2013; Jackson, 2014; Ellis,

2000; Wray and Mobley, 2005), my findings indicated that in the Sanctuary Church God seemed to have multiple constructions and I will now examine these in more detail.

7.1.2 Perceived characteristics of God in the Sanctuary Church

From the themes emerging during my fieldwork and interviews, it became apparent that everyone who attended the Sanctuary Church believed in God and all but a few participants referred to God when describing their healing experiences. However, during my data analysis I identified over one hundred issues relating to the narratives about God and through the process of thematic analysis, it became possible to identify six dominant themes, namely, (i) God as a powerful force, (ii) God as the Father, (iii) The location of God, (IV) Defining Jesus (V) Defining the Holy Spirit and (VI) The Holy Spirit and speaking in tongues.

7.1.2a. God as a powerful force

Throughout my fieldwork and interviews, it seemed that many people in the congregation perceived God as a powerful, positive and unlimited force that can do anything. Verbal expressions, words and statements made by some key participants and in the expression of prayers, seemed to support this assertion that God is all-powerful and this was a strong message in Church services. For example, from my qualitative interview data, Johanna, one of the regular attendees at the Sanctuary Church, stated:

"I was told by my doctor and the nurses that I have mental health problems and they gave some medication but it did not help me. However, a friend of my mum recommended this Church to us. Since I came here, the Pastor prayed for me and the demons have fled and gone away from my head. The spirit of suicide is cast away, I don't feel like killing myself any more. I am feeling good, I have been coming to this Church since February and will continue to come here. God is in this Church and really powerful! He is doing many miracles here. He is a good God and can do anything, the devil is defeated, I am hoping to go back to work soon, Halleluyah!"

However, it was interesting to note that for Johanna, God resides in the Church, although it is not clear if she meant the Church as a community, or the physical space of the building. It was also notable that Johanna suggested that her medication was not working and she turned to the Church/ God for support.

This theme of 'God as a powerful healer' was commonly expressed in the songs and narratives used in the healing services. For example, James, one of the regular attendees at the Sanctuary Church, gave an account of his experience of healing related directly to his beliefs and the practices of the Church, he reflected;

"I know it is God who gives the doctors wisdom to do what they do but the God of Sanctuary Church is very powerful, the medicine which my doctor gave me did not work for me when the doctors told me I have cancer, and then my friend asked me to come to this Church for prayers. I came to see Pastor John who prayed for me. Last week when I went to see my doctor for my monthly check up, the doctor told me they could not find any more cancer on the X-ray photos, which was taken when I went to see him. Praise God my prostate cancer is healed after three months".

What was notable from James's account is, that he saw God as having influence outside of the boundary of the Church, with the capacity to inform 'doctors' wisdom'.

The beliefs identified by James and Joanna seem to be reinforced, inspired and promoted within the Church, through hymns and prayers and even from the labelling of specific weekly services as the 'healing services'. Therefore, it might be suggested that while the Church can be seen as symbolically defining a specific time and space for healing activities, this is underpinned by a belief in the power of God to heal the congregation. If we look at a statement by one of the junior Pastors at the beginning of one of the healing services we can see how he establishes the expectation for healing at the start of the healing services by declaring:

"Your gate shall be opened tonight in the name of God, 'I see that your miracle is on the way to you today. You shall receive a breakthrough in your mental distress, cancer, financial success you have been waiting for".

It could be interpreted that by these comments, that the Pastor is giving the people an assurance, that their reasons for attending the healing service would be answered by God by attending the service. Therefore the framing of the healing service from the outset is,

that the congregation should have high expectations of receiving healing for their physical, emotional and psychological problems and that this healing will come from God.

7.1.2b. God as the Father

It was also interesting to observe the gendered language used in the services, hymns and by many of the congregation who often describe God as the Father. For example, from my qualitative interview data, Mrs. Nwanga spoke about God saying;

“God is our heavenly father and He is a good God. He is the Almighty, powerful and awesome God and I know He has the power to heal me”.

Throughout my ethnographic study, I found that God seemed to be defined as a male, ‘He’, by most of the people in this Church. He is a ‘father’ and of course the gendering of God is common in the Christian Bible (debates concerning the gendering of God is discussed in more detail later in this chapter). The quote Mrs. Nwanga also gives typifies the narratives in the healing service that seems to suggest that God, in some senses, holds human qualities, in that God is constructed as having a mind, that thinks and that He can make things happen in the physical world.

Similar to many other Church services, some of the people prayed to Him individually and sometimes collectively. The data from my ethnographic studies seems to indicate that many people in the Church talk to God directly through prayer, or in their thoughts and that God is their father and someone they can go to for support. From my ethnographic data, Gbemi, one of the regular attendants at the Sanctuary Church reflected;

“I pray to God every day, I talk to him about everything, about all my problems, especially when I am feeling depressed about things. He is a good Father”.

Mrs Dako, talking in her qualitative interview reflected on how she saw God as a Father and inclusive figure;

“God is a good Father, He does not discriminate against anybody and he looks after all of us”.

In contrast, in certain parts of the healing service, members of the congregation seemed to imply that only Pastor John needs to intercede on their behalf to ask God for healing. For example, from my ethnographic field work data, Mrs. Abuakwa stated:

'God is using Pastor John to do great miracles in this Church by healing people.'

It might be suggested from the above statement that some of the people in the Church think Pastor John has a special relationship with God and it was interesting to notice that some people considered that God had given the Pastor the power to carryout miracles. The role of the Pastor and his relationship with God was a significant theme that emerged from the data and this is discussed in more detail later in this chapter, (under 'Role of the Pastor').

In much of the theological literature, the orthodox Christian doctrine teaches that God consists of three divine persons- God the Father, Jesus Christ and the Holy Spirit- all of whom equally qualify as God and are collectively called the Trinity (McGrath, 2011; Grudem, 1994). God the father is usually portrayed as an incorporeal being who created and maintains the universe and who established and enforces moral laws (Cummings et al., 2017).

It may be useful here to look at the work of Davis, Moriarty and Mauch (2013) who distinguished between different kinds of God representations in theology. They define God images as *"internal working models of specific divine attachment figure.... And the self as experienced in relationship with that divine attachment figure"* (p.52). In other words, the existence of a God or Gods, is relational and other authors such as Cummings et al., (2017), describe this as an emotional experience of the divine. However, Davis et al. (2013) contends that it is significant to distinguish between God concepts and God images because an individual's intellectual understanding of the divine may differ from his or her emotional experience of the divine, and self-report measures may assess God concepts better than God images. Davis et al., (*ibid*) seem to suggest that an individual has multiple god representations that vary in their salience to the individual depending on context and

suggests that God images are acquired through implicit learning and developed in primarily nonverbal forms, outside conscious awareness.

In contrast, they suggest that God concepts are a;

“theological set of beliefs about specific divine attachment figures traits; about how that divine attachment figure relates with, thinks about and feels toward humans (including the self). And about how humans (including the self) should relate with, think about, and feel toward the divine attachment figure”. (Davis et al., 2013, p.52).

Furthermore, in some of the literature it was interesting to notice that God can also be described in less than benevolent terms, and some books describe God with expressions such as “God as wrathful, ‘a stern father’ and impersonally distant, (Spilka, Armatas, and Nussbaum, 1964 cited in Cummings et al., 2017). However, during my fieldwork and interviews, while most people constructed God as powerful, this power was constructed as a force against the devil and his works and not against individuals. I feel it is significant to discuss the different concepts and images of God because in the literature, some scholars suggest that the individual’s perception of the divine may have important implications for their psychological functioning and healing (Shariff and Norenzayan, 2011; Steenwyk, et al., 2010; Wiegand and Weiss, 2006). For instance, some authors have suggested that viewing God as benevolent and possessing “omni” qualities can be related to reducing anxiety, whereas viewing God as distant and deistic can be related to experiencing more anxiety (Scharfer and Gorsuch, 1991 cited in Cummings et al., 2017).

Before moving on to the next section, I want to look in more detail at the gendering of God. Scholars such as Mary Daly (1973, 1985), have written extensively on patriarchy in religion and particularly in relation to the Christian faith and Daly critiqued the use of the phrase ‘God the father’ from a feminist perspective. Daly, (1968:23), asserts “the masculine representation of God proposes no problem to males, whereas women may feel alienated from the image of God”. Daly argued that the fact that God is presented in the Bible through masculine terminology and symbols has different implications for men and women. Daly suggests that while the masculine representation of God proposes no problem to men, women may feel alienated from the image of God. Daly asserts that peoples’ perceptions

about God were so grounded in physically, spiritually and culturally patriarchal views that it was difficult to persist in any argument against God's maleness (Wood, 2015). Daly argues that patriarchy has a misogynistic agenda and uses theology, metaphysics and language to subjugate women in every sphere of their lives and believed that women could and should not identify with this view about God (Wood, 2015).

I found Daly's views about patriarchy in Christian theology very interesting and worth examining in this section. As a believer in the Christian faith, I found her arguments not only interesting but also thought provoking, particularly, she seems to suggest that the Christian tradition of God as Father, and the maleness of God and Jesus Christ legitimise and reinforce male power in society. In essence, Daly saw the image of God the Father, as portrayed in Christian literature, as the embodiment of patriarchy. Daly stated:

"If God is male, then the male is God. The divine patriarch castrates women as long as he is allowed to live in the human imaginations." (Daly, 1973:19)

Although these views and writings about God were made some years ago, I think they are relevant in both theological and social debates today because critiques, such as those argued by Daly (1973), help us to understand that not everyone shares the same views about God. Although none of the men or women in my study commented on the gendering of God. It is also worth noting that other scholars have criticised the work of Daly (1973).

For example, although scholars such as Wood (2015) agree with Daly's views on the inadequacy of language, they do not find the way in which she reworked the gender of God and renaming of Him at all helpful. In his critique of Daly's work, Wood (2015) asserts that for Daly, the 'misleading and harmful notion of God' by 'de-Hellenising theologians' with their concept of the divine as 'divine-omnipotence, divine-immutability, and divine providence' is problematic because the modern man finds it alienating (Daly 1975:p.182).

According to Wood (2015), Daly resists the inclusion of men in her theory of God and as Young (1999:198) suggests, Daly merely reduced men to 'evil by nature', thus essentialising men. Interestingly Jones (2000:30) argues that Daly is a biological essentialist because of

her postulation that ‘the source of women’s revolutionary of being rests within them as part of their embodied distinctiveness’. Moreover, it has been argued that since Daly suggests that there is something ontologically essential about the nature of women, her argument is a reversal of the sexiest argument that explains the origins of male dominion (Jones 2000) and others have contended that rather than creating a new theory, Daly retains the sexism, homophobia, xenophobia and racism that is implicit in a society in the first place (Rodkey 2008).

Other scholars have been more forthright in their critiques, for example such as Friedman (1998:70) has criticised Daly’s theology as ‘bifurcating and polarising to such an extent that it is not useful in constructive theological and philosophical debates’.

Because members of the congregation were overt in their praise of God the father and the Pastor was seen as a ‘powerful man’, I thought it would be useful to look at the work of Daly on gender Church. However, my research findings did not indicate that members of the congregation expressed any concerns about the gender relations in the church. For example, from my ethnographic data, Mrs Basoa, prayed aloud during one of the healing services. She shouted these words;

“Thank you God, you have been so good to all of us and you don’t discriminate...”

Also, for my qualitative interview data Solomon reflected these words during my conversation with him;

“God loves all of us here, our children, every woman and every man, he created us all and He is our father...”

So although God was often described as ‘the father’ by the congregation and the Pastor, as I suggested in chapter three, Pentecostalism is often considered to be a liberation theology (Leavy, 2004) and so, while there maybe an emphasis on God (as the father) and the congregation represented themselves and a stable community and while most of the senior roles within the Church were taken my men (i.e. The Pastor, the Church ushers etc.)

gender issues were not raised by any of the participants in my fieldwork, although it was also a fact that this was not an issue I raised in the face to face interviews.

7.1.2c. The Location of God

I thought it might be useful to examine how members of the congregation in the Sanctuary Church construct the location of God and this was a significant theme that emerged from the analysis of my fieldwork. It was interesting to note that members of the congregation seemed to suggest that the location of God was fluid. Clearly people come to the Church to praise God (as evidenced by the large number of people who attended the services, the words in the communal prayers, the individual vocalisations of praise, the words and text used in the service and in the hymns of praise) and it was also interesting to note that certain areas of the Church such as the Church altar were considered more sacred than others (see my ethnography in chapter seven) but the actual location of God was open to interpretation.

My research findings also suggested that the congregation share a belief in only one God but most people also seem to believe that he was able to manifest himself in different forms or dimensions. For example, from my ethnographic data, Arinze, reflected on the omnipresence of God stating:

“God is great, He is awesome, He is amazing, He is here now and can be everywhere”.

Although Arinze suggests that God is everywhere, most of the people also see Pastor John as a healer and conduit through whom God works his miracles. These two roles of the Pastor are discussed in more detail in chapter 7.2.2 and 7.2.3.

Indeed, in the healing services, the congregation always sang songs in praise of God a celebratory manner and sometimes people called out *“Thank you God for your presence*

here” this seemed to suggest that the perceived God as present in the room and not an abstract entity.

Interestingly, there were also instances within the service when God seemed to actually reside within individuals. For example from my qualitative interview data Mrs Dako reflected;

“I feel the presence and Holy Spirit of God within me when I pray to God ...”

Yet other members of the congregation seem to suggest that God could be inside them only when they pray and praise God while they are in the Church. For example, from my qualitative interview data, Georgina reflected;

“God is at home with us when we sing and praise him during the service”

It is very interesting to notice Georgina using the word ‘home’ as the place where God resides but it is not clear if ‘home’ is within her, or within the Sanctuary Church building. This location of God is significant as it is linked to the way God is constructed in the healing process in this Church. I will discuss this further when I consider the locus of control in healing, (see section 7.3).

7.1.2d. Defining Jesus

In coding my data, the name of Jesus was mentioned over one hundred occasions during my ethnography and qualitative interviews by the people in the Sanctuary Church during the healing services. From both my qualitative interviews and ethnographic data, it seems that most people in this Church believe that Jesus is the son of God and this is reflected in most Christian texts, for example in the Christian Bible. (New International Version Bible, 2015 version). However, my fieldwork data suggests that some people in this Church did not perceive Jesus as different from God and therefore use the concepts of God and Jesus interchangeably, especially in prayer and many people seemed to suggest that they can receive the same benefits from Jesus and God. For example, the following comments from my ethnographic data, during the healing services, expressions such as *“Jesus you are a*

good God”, “I command every sickness, every demonic and satanic attack to disappear by the blood of Jesus”, “In the name of Jesus, I cast out cancer of the breast in you now!” were often shouted aloud by some people.

My fieldwork also suggests that many people in the congregation see Jesus as a representative of God, which is not dissimilar to Christian beliefs in other Churches and some members of the congregation believe it is Jesus who healed them from their illnesses. For example, during my ethnographic fieldwork, I was conversing with Mathew who reflected;

“I suffered from kidney cancer last year and Jesus healed me when I came to the Sanctuary Church”,

It is interesting to notice in this quote that Mathew felt that Jesus healed him because he came to the Sanctuary Church and from one of my qualitative interviews, Mrs Mwanga also reflected; *“I thank Jesus for healing me from my depression”*.

Examining my ethnographic data, people often gave a testimony, a public declaration of being healed by Jesus and often they would shout out phrases. For example, *“Thank you Jesus for healing me”*. Certainly within the literature Jesus is constructed and described as holding positive human qualities, such as being compassionate, loving, forgiving and peaceful, (Piedmont, Williams, and Ciarrocchi, 1997 cited in Cummings et al., 2017). While other studies have described Jesus as agreeable, conscientious, extraverted, and open to experience (Oishi, Seol, Koo, and Miao, 2011; Strawn and Mathhew, 2008). However, some authors have suggested that the qualities ascribed to Jesus vary across cultural groups, for example, it has been suggested that Americans describe Jesus more positively than Koreans (Oishi et al, 2011).

Cummings et al, (2017) have investigated the Christian view of Jesus by relating to psychological, social and spiritual variables. Their research suggests that while some people seem to turn to God for help, due to a perception that God has the ultimate authority and power to meet their needs, others relate specifically to Jesus (although some people

reported seeking and receiving more benefits from God than Jesus). However, in my study it seemed that people in the congregation mainly used Jesus and God as interchangeable terms and that healing was freely accessible from either of them and as I suggest later in this chapter, for some people in the congregation, the Pastor was considered to be an intermediary between God and Jesus in order for healing to occur.

7.1.2e Defining the Holy Spirit

As I suggested in chapter 3, the Holy Spirit is a defining characteristics of Pentecostalism (Anderson, 2004) and some of the people in the Sanctuary Church also seemed to suggest through their language that God is spirit and that when people experience the Holy Spirit during the healing service, it actually signifies the presence of the spirit of God. For example, people in the congregation often used expressions like *“Thank you God for your Holy Spirit, thank you for your presence”*. However, some seemed to suggest the experience of the Holy Spirit gave them assurance that God was on their side. For example from my ethnographic data, Janet an usher in the Church explained why some members of the congregation shouted and sometimes screamed and occasionally jump around when they sang the songs. She reflected:

‘Sometimes, some people are filled with the Holy Spirit and that makes them behave that way, sometimes some people express their joy and thanks to God because they anticipate the Spirit of God’s presence to work healing miracles in them’.

Also from my qualitative interview data, Bibi explained the significance of the Holy Spirit to her. She reflected;

“...the Holy Spirit is powerful, God gives me power through the Holy Spirit and it is God’s power that heals me...”

Interestingly, some Christians describe being filled with the ‘Holy Spirit’ as a special and important occurrence in their Christian lives and according to Anderson (2002) some people believe that the Spirit plays an important role in their personal salvation, Church formation, and the general spread of the gospel.

7.1.2 f The Holy Spirit and speaking in tongues

During my ethnographic study, I frequently witnessed people speaking in tongues during the services (see chapter 3 for more details). For example, I observed Mr Tandi, a regular attendee to the Church who verbalised utterances loudly as the Pastor was praying for people in one healing service. These sounds were not in English words and I could not understand what he was saying. However, when discussing this in his qualitative interview, Mr. Tandi explained that he felt some power was with him when he spoke in tongues and he described it as the power of God. However, my own fieldwork findings suggest that not everyone who attended the Sanctuary Church was experienced in speaking in tongues and during my ethnography, in all the healing services, I observed the men and women speaking in tongues constituted less than one tenth of the congregation who attended. From my ethnography, I was conversing with Janet, a regular attendee to this Church. She reflected;

“...I have personally not experienced speaking in tongues but some of the brothers and sisters in the Church who experience it say it is powerful and wonderful when you experience it...”

This seems to suggest that, no formal training or permission was needed before one could speak in tongues during the service.

In the literature on Pentecostalism, the religious phenomenon of speaking in tongues is referred to as *glossolalias*, originating from the Greek word meaning, “tongues” (Coleman and Hackett, 2015) and the act of speaking in tongues is often referred to as ‘Baptism of the Holy Spirit’ and owes its origin to the event of Pentecost in Acts of the Apostles (Anderson, 2002; Fer, 2010). Scholars, such as Corten (1995) have postulated that the practice of speaking in tongues or *glossolalia* enables people to freely express themselves through an elementary and incomprehensible language inspired by the Holy Spirit and this author also suggests that it is a free form of experience, which requires no authorisation or status and Corten argues that this can be especially important for non-literate people, as it gives them freedom of self-expression.

Anderson, (2002) and Corten (1995) suggest that Baptism in the Holy Spirit follows after a non-believer converts to Christianity and in Pentecostalism and that the capacity to pray in tongues and surrendering to the Holy Spirit when one cannot find the words to express the intensity of his/her personal relationship with God, is accessible only to those who have been baptised in the Holy Spirit. These authors describe speaking in tongues as a personal experience, whose authenticity must however be recognised by an institutional authority as it marks the acquisition of a spiritual maturity. This enables baptised converts to aspire to leadership positions in the Church and some authors suggest this offers to the poorest converts (as in economic, social and educational) a first level of religious virtuosity, which can give them access to certain high positions in the Church structure (Fer, 2010, Corten, 1995). It is also notable that some writers, such as Anderson (2004,) consider that having the ability to speak in tongues is a defining characteristic of a 'Pentecostalist', although Coleman et al., (2015) has argued against the notion of using speaking tongues as the main criteria of what it is to be a true "Pentecostal".

Corten (1995) conducted research in Brazil and examined speaking in tongues and found that it was usually women and men from working class backgrounds who were encouraged to speak in tongues and there was no need to be educated, or to belong to the clergy in order to be able to speak in tongues. Although the findings from Corten's (1995) study are a little dated, I felt it was relevant to my work because it questions the rules that govern the distribution of what Corten (1995), describes as religious or spiritual capital and how the clergy and congregation contribute or control different aspects of the Church processes.

7. 1.3 The conceptualising of the Devil

My data indicates that most of the congregation in the Sanctuary Church also believe in the construct of the devil as being in opposition to God. Similar to God and Jesus, the devil was also mentioned more than one hundred occasions in both my ethnographic fieldwork and qualitative interview data and most people attending the Sanctuary Church seemed to identify the devil as being responsible for illness and misfortune. As suggested above, in

most Christian practices, God is constructed as everything that is good and positive and consequently, another being is considered responsible for everything that is negative or not good (Wray, 2015). This being is usually considered to be the devil, although different maleficent spirits are found in many religious practices (Wray, 2015).

The devil has been known by many names in the literature, most of which appear in the Bible, the Apocrypha, and early Jewish and Christian literature (Russell, 1984). For example, in the New Testament of the Bible, the Devil is known as: Satan, Devil, Beelzebub, the Evil One, the Prince of this world, Belial, Abaddon and Apollyon, Prince of Darkness, Lucifer and Mephistopheles (Russell, 1984: p. 248-255) and the origins of the devil are often believed to be embedded in Satan, the supreme opponent of God (Wray, 2005). In the following sections I have examined some of the constructions of the devil from my findings in the Sanctuary Church in more detail.

7.1.3a The perceived characteristics of the devil

Some people in the Sanctuary Church suggest that the devil can sometimes exist as a witch in the form of a person and had the power to control people and make them behave in an unusual manner. The devil seems to be constructed as a bad force that uses supernatural powers to harm people through different means and ways whereas God uses his power to do good to people. The congregation portray the devil as all pervading and the cause of all negative occurrences in the community including ill health. Some people, including the senior Pastor, seem to suggest that the devil and evil spirits are Satan's servants.

In theology, Satan is often believed to be an angel, although a fallen angel. His pre-fall name is Lucifer. As an angel, it is usually considered that he was created without a body or physical aspect and it is often believed to have tempted Adam and Eve and thwarted the purpose of God in making the human race. Satan is often described as the father of the devil and it is believed to be a real person who exists in the invisible spirit realm in human form (Wray, 2005).

This characteristic of the devil as a powerful force of Satan was frequently mentioned in some of the healing services, especially when Pastor John referred to some of the social

issues going on outside of the Church. For example, following some newspaper and television reports, in one healing service Pastor John asked his congregation to reflect on the events where a lot of black teenagers have been killed through gang to gang fighting in London. From my ethnographic data, Pastor John stated in that service:

“The satanic involvement of the devil is the reason for teenage suicide, mental health problems and violent killings among black teenagers living in this community”.

Pastor John’s comments in the sermon were captivating because he surmised these social events to be evil acts that only came from the devil. This example and many other statements in the Church and he seemed to infer that the devil was responsible for all negative events. The idea of the devil as being culpable for evil acts found resonance in the congregation and people seemed to agree with the Pastor when he blamed negative events as being the work of the devil and sometimes in response to these claims, people would call out *“Preach on Pastor!”*

In addition to the devil being deemed as responsible for negative events, many people in the Sanctuary Church seemed to suggest the devil could also make people do bad things through his evil powers. For example from my ethnographic data, Mrs Dzanzi, shared her testimony in one healing service and expressed these words;

“The devil wanted to spoil my son by making him take drugs and wanting to kill himself but thank God for Pastor John, my son is now healed from his drug and alcohol problem”.

In another qualitative interview, Brother Joseph reflected on his son’s mental illness in these words;

“I believe my son’s problem was spiritual, this was an attack of the devil who wants to spoil my son but since Pastor John prayed for him, Thomas feels much much better. I feel my son has been delivered from the demonic attack of the devil...”

Mrs Dako also explained in her interview how her daughter came to suffer from a mental health problem. She reflected:

“...the devil attacked my daughter with a mental illness called schizophrenia. For about five six years... her mind was not working well because of the devil”.

As Mrs Dako seemed to be suggesting that it was the devil that caused the mental illness, it is therefore not surprising that she had turned to the Church to seek healing. From my ethnography I also noted that Janet, a member of the congregation gave her testimony to the congregation in one of the healing services after which Pastor John stated;

“devil you are defeated, you have no control over her body...!”

In other words, the devil had been pushed out, or removed from the woman’s body by the healing in the Sanctuary Church.

However, the devil was also associated with wider social issues not just health concerns. It was notable that in the days just before the start of the London 2012 Olympic Games, members of the congregation in the Church were encouraged to fast and pray and indeed devoted one of their night Church services to pray for the success of the Games. From my ethnographic data, Pastor explained to the people that he wanted them to fast and pray because according to him;

“people are being used by the devil to destroy good people through terrorism”.

I found his comments interesting in the sense that it seems to suggest that terrorism is an act of the devil who is also perceived to inhabit peoples’ bodies and minds with the intention of harming others. However, the tone of the Pastor’s sermon concerning the wider community and the Olympics was around caring for others, embracing strangers and praying for their protection from the devil. On reflection, what is interesting about this perspective is that these narratives do not locate the blame for negative actions on the individual but upon the devil. From my ethnography, I was conversing with Tammy, one of the ushers who sat next to me during the healing service one night and he explained the reason why the congregation were being asked to fast and pray for the Olympic Games in the following words;

“We are part of this city and therefore we have to ask God to protect everybody during the Olympic. You know everything that is good, the devil wants to attack and spoil but we don’t want the devil to use the terrorists to spoil the games in London!”

It seemed from the above comments that in this Church, the devil represents everything that is not God. If God represents good, then by default, there has to be another being or process responsible for everything that is not good. From my ethnographic data it seemed that some people saw the devil as having supernatural powers that operate in a spiritual form. However, people often suggested that he is also able to inhabit the bodies and minds of individual women and men with or without their knowledge. However, not everyone in the congregation saw the devil as all powerful, and in a qualitative interview with Grace, she explained that;

“Sometimes the devil can be defeated wherever he or she is, whether in the air or in the building, he will be defeated. We just have to be aggressive towards him...People are getting healed because the Pastor commands the devil/evil spirit that’s causing that problem to move out of them by the power of God”

Yet others in the congregation suggested that the devil could be defeated. In my conversation during an interview with Pipi about the devil, he commented;

“the devil is a liar and he can be defeated every day!”

From my fieldwork and interviews in the Sanctuary Church it seems that the devil has multiple constructions, however, the devil was not the only being that was responsible for poor health or negative experiences, as many people also talked about the role of witchcraft in their experiences.

7.1.3b The devil and witchcraft

Beliefs in witchcraft have been studied by a number of anthropologists (La Fontaine 1998). Although much of the literature that discusses witches is usually in terms of the historical constructs (La Fontaine 1998; Thomas 1971; Macfarlane 1970) and this is usually characterised as folk beliefs, when witchcraft was held responsible in early modern Europe for a wide range of misfortunes including damage to property, harm livestock or cause

sickness, especially to children (La Fontaine 1998:26). This is often referred to as black magic or sorcery and was known by some scholars by the Latin term 'maleficia'-evil-doing or 'doing harm' (Thomas 1971; Macfarlane 1970; Lafontaine, 1994). However, many people who took part in my study also referred to witchcraft. For example, from my ethnographic data, Thomas a regular attendee at the Sanctuary Church gave his testimony in front of the congregation and stated;

"...basically, I was a drunkard when I first came to the Sanctuary Church. Pastor laid his hands on me and prayed for me and later asked me to go and do my deliverance. I bought some oil and Ribena, which he blessed for me and I used the oil every day... I used to drink alcohol but now I don't drink anymore at all. The devil is defeated... that witchcraft in my family who was making me drink and wanted me to become a drunkard is defeated. Thanks be to the God of Pastor John, I feel I am healed and delivered me from the spirit of depression and use of alcohol..."

Also from my qualitative interview data, Mrs Nwanga, (who was originally from Rhwanda), explained to me that she believed the devil to have caused her mental illness, as she reflected;

"There were times I felt very happy and there are times I was very sad and did not even want to leave my house at all and just wanted to hide myself in my room. Sometimes I felt there was something inside me and controlling me and my whole life was chaotic...I sometimes felt I was controlled by the oppressing voices of UMUZIMU" (name given to the devil/an evil spirit in the Kinyarwanda language). I think my illness is something spiritual; somebody placed something on me and was doing this to me. I believe it is the work UMUROZI (name given to a witch in the Kinyarwanda language) who has put this illness on me..."

The data seem to suggest that Thomas believed his alcohol problem and Mrs Nwanga's mental illness was caused by the devil, in the form of a witch. Witchcraft has been much discussed in different disciplines but anthropology seems to offer some of the most valuable insights for my study.

La Fontaine (1994: p.12) defines a witch as "those who commit acts perceived as transgressing the fundamental moral axioms on which human nature, and hence social life, is based. Witchcraft on the other hand, is a form of mystical evil-doing and it is an explanation for events that have no other explanation within the intellectual framework provided by a particular culture". The witches and their world are believed to reflect social life in an inverted form and often believed to reverse human characteristics. La Fontaine

(1998) suggests that witchcraft is a form of mystical evil doing, and offers an explanation for events that have no other explanation within the intellectual framework provided by a particular culture. La Fontaine also suggests that there are comparable ideas of witchcraft appearing in many societies. (La Fontaine, 1994:p14).

Traditionally, anthropology has used a dual focus to help to understand the role of witchcraft in any given society (La Fontaine, 1994; Evans-Pritchard, 1976). These are the meaning of the ideas and images of witchcraft, and the social context in which such ideas are activated as particular accusations (La Fontaine, 1994:13). Furthermore, La Fontaine (1994) asserts that the social context in which beliefs are brought into play, are often situations of conflict, in which accusations are made and countered and it is in the interplay of these actual situations that the particular meanings of evil are displayed (La Fontaine, 1994:13). Therefore, witchcraft can have a role in reinforcing social control, as it helps to maintain appropriate behaviour by associating disruptive human emotions such as jealousy, greed or malice with the figures of the witch who remains outside of society (1994).

Other theorists have also focused on the function of witchcraft in society. Probably the most famous of these is Evans-Pritchard (1976) who studied witchcraft among the Azande people of Southern Sudan and similar to La Fontaine, he also suggests that witchcraft and evilness was a necessary part of a social regulation in a system within the tribe that worked as a social regulating mechanism. What was notable from Evans-Pritchard's (1976), work was that he concluded that Zande thought was quite rational as it served a social function in their culture.

So how do some of these theoretical insights concerning the devil and witchcraft relate to the beliefs and practices in the Sanctuary Church? It was clear in all of the services and interviews that the devil was constructed as the carrier or source of illness and misfortune and seen as opposite to God and Jesus, although it was interesting to notice that not everybody in the congregation attributed the cause of their illness to witchcraft. However, what is illuminating here is that, similar to the construction of God, the people in the

Sanctuary Church seemed to suggest that the devil is omnipresent and able to manifest himself in different forms or dimensions.

Interestingly, some people suggested that a witch is an agent of the devil and sometimes refer to a witch as the devil. Although some of the people in the Sanctuary Church spoke about witches, at no one at any point during my fieldwork was called a witch in this Church. However, some people suggested that a witch is a conduit of the devil and that the devil sometimes inhabits both men and women in the form of witchcrafts spirits. For example, from my qualitative interviews, Amina, a regular attendee at the Sanctuary Church explained that she believed her mental illness (bipolar disorder) was caused by witchcraft or the devil. She reflected;

“Well, I personally haven’t seen witchcraft but I believe they are spirits. Where I come from in Congo DRC, they are called “Kindoki”. They are working spirits. They can work against you, they can go anywhere and any place. They travel in spirit. Those witches and evil spirits in my family wanted to spoil me and make become a drunkard and mentally ill but thanks to God for Pastor John. I received my deliverance from evil spirits and the devil when Pastor prayed for me, I am healed”.

In one of the healing services the senior Pastor also commented on witches, he stated:

“Some people are troubled by witches all the time but there are those that witches kill and there are those that kill witches. I think for some of us the devil has tried so hard on us but never succeeded. May the kingdom of God be with you! When you have the power of God, there is no witchcraft that can come near you”.

In this example, the Pastor’s discourse seems to imply the people attending the Sanctuary Church are protected from witchcraft and this reference to witches was not uncommon.

In terms of understanding how witchcraft relates to healing, it may be useful to look at the work of Nūñez (2015) who explored how Pentecostal Churches understand, capitalise on and address issues of distress and emotional suffering among migrant populations in South Africa. He suggests that Churches assist members in conceptualising the nature of their physical and emotional suffering and that they are central agents in the construction of meanings of illness and adversity. A number of authors have suggested that a significant dimension of the healing and conversion processes in Pentecostal Churches in Africa is

their role in saving members from threats posed by the spiritual world as conceived by traditional African religions (Anderson, 2004; Asamoah-Gyadu, 2004; Meyer, 2004).

For example, Asamoah-Gyadu, (2004), posited that the belief that sickness and misfortune could result from both natural and mystical causes is found also in African traditional religions. Just like the adherent of African traditional religions Pentecostals also believe in natural causality. However, in both contexts the lines between natural and spiritual causes of sickness and misfortune are not that sharply drawn. Núñez (2015), argues that this explains why African Pentecostal/Charismatic theological Churches (like the Sanctuary Church) generally hold the process of healing from sickness and deliverance from demonic forces together in an inseparable manner.

Dow (1986) cited in Núñez (2015) offers a good description of symbolic healing that explains how the sphere of belief affects the individual's subjectivity, emotion and physiology and suggests that it operates at a mystical and generalised level where the symbol is particularised for an individual supplicant. He explains what happens when a patient comes to see a healer and his research is quite revealing, he reflected:

“The experiences of healers and healed are generalised with culture-specific symbols in cultural myths. A suffering patient comes to a healer who persuades the patient that the problem can be identified in terms of the myth. The healer attaches the patient’s emotions to transactional symbols particularised from the general myth. The healer manipulates the transactional symbols to help the patient transact his or her own emotions”. (1986:56).

I feel the discourse around the spiritual world of African and beliefs about the devil is relevant to my study as it helps the reader to understand the worldview of Sanctuary Church participants. The concept of ‘transactional symbols’ seems to reflect the language and activities that occur in the healing services where the Pastor casts out the devil leaving an individual to return to a positive position or state. We can look at an example, from one of my qualitative interviews with Dominique, who gave her healing testimony in front of the full congregation during one healing service. she stated;

“Two years ago, I lost my job because I was bullied at work which I complained about. One day I came to the office and I was told my contract was terminated. I was very distressed and very depressed and wanted to kill myself. My doctor put me on anti –depressant medication which I took for almost two years. I took my case to the industrial tribunal but lost my case. I started coming here for prayers about

five weeks ago and Pastor John prayed for me and asked me to do my deliverance. On the day I finished my deliverance, I had a phone call from the company I used to work for last week to say I should come back to work again. They also said they would pay all the compensation which I am entitled to, including my two years lost salary. It is amazing. I thank God for your life Daddy and the God of Sanctuary Church!"

7.1.4 Summary

My fieldwork suggests that the devil is real and is everywhere and requires constant vigilance. Therefore coming to the Sanctuary Church for healing seemed to be an appropriate response for the concerns of the believers. For the majority of the people in this Church healing seems to cast away acts of the devil and this explains why the people might go to see the Pastor and attend services. Most of the people in this Church seem to believe that God is powerful and, as I suggest later in this chapter, that God works his power through Pastor John in the Church.

It is also clear from the findings from my data that people believe that the devil can be resisted by God, and if God represents good, then by default, there has to be another being which is not good, and therefore the devil and witches plays this role.

I will now move on to Part two of my analysis chapter where I will discuss some of the specific healing processes and practices in the Sanctuary Church.

Analysis (Part -2) – Healing processes and practices in the Sanctuary Church

7.2 Introduction

In this part of the chapter, I will present my findings concerning healing processes and practices in the Sanctuary Church. In the following section, I examine the multiple roles of the Pastor and how the congregation constructed his role. This is followed by a short discussion pertaining to the theories relating to charismatic leaders and my analysis of the healing service in the Sanctuary Church includes some more detailed discussion on the

role of Pastor John. Then I look in more detail at the use of symbols and symbolic acts in healing, this includes the use of sound and the visceral body, as well as the use of symbols and the role of transubstantiation in healing. Finally, in this chapter I will discuss my findings relating to the locus of control in accounting for illness and healing in the Sanctuary Church

7.2.1 The role and construction of the Pastor

As suggested in Chapter six 'Theatre of dreams', Pastor John is the founder and main figurehead of the Sanctuary Church. During my ethnographic data collection, it became clear that the Pastor was an influential person and he undertook different/multiple roles in the healing process that took place in the Church. Following the data analysis from both my ethnography and the interviews, I identified that the Pastor undertook eight main roles. These are; The Pastor perceived as a conduit of God; Pastor John as a transformative healer; Pastor and Paternalism; Pastor as an authoritative figure; Signs and wonders; Pastor as deemed to have a special relationship with God; Pastor as a good man and Charisma of Pastor John.

While the leadership and healing roles were probably the most visible aspects of the Pastors' roles, through analysis of my data I was able to identify a number of interconnected roles.

Although these roles were interrelated, I thought it would be useful to examine these in more detail because my findings suggest that the majority of people who attended the Sanctuary Church came specifically because of the healing powers of Pastor John. For example, during the ethnographic data collection, I was conversing with Mrs Gbenga, who explained to me why she had joined the Sanctuary Church and we discussed this later in a qualitative interviews, she reflected;

"Last year my husband was diagnosed of suffering from cancer of the throat. He was very ill and depressed at home. The medicine, which the doctor gave my husband, did not help much. My friend visited us at home about a month ago and she suggested to me to take my husband to be prayed for by Pastor John because she received her healing when the Pastor prayed for her about a year ago".

Also, from my ethnography, I was conversing with Lydia, one of the regular attendants to this Church reflected;

“...Basically my son’s behaviour changed overnight, he was having some mental breakdown. I took him to see our GP who referred him for admission to our local mental hospital for children because he was seventeen years. After almost three months in hospital, he was not getting better in his mind and my friend suggested that I brought my son to this Church instead of keeping him in hospital to be prayed for by Pastor John. Pastor lay his hands on my son and prayed for him about two months ago and asked me to go and do my deliverance. Today, I am pleased to say that my son is feeling mentally well. You are a great and powerful man of God. Thank you Pastor for healing my son”.

The congregation witnessed the healing conducted by Pastor John every week and my research findings suggest that this may have motivated many people to keep attending the Church. For example, from a qualitative interview, Clara, reflected;

“..my son feels much better since Pastor prayed for him and so I can testify that Pastor John is a really powerful. I come to this Church every Sunday and sometimes Fridays, I have seen so many people healed by Pastor John. It is amazing!”.

From my ethnographic data, I was conversing with Belinder, one of the ushers and a long time attendee to this Church. She reflected;

“I thank God for Daddy. He healed me from my breast cancer when I first came to the Sanctuary Church about four five years ago. He has healed many people in this Church. This is why I come every week...”

7.2.2. The Pastor perceived as a conduit of God

Sometimes during the healing services, the Pastor seemed to be constructed by the congregation as a mediator or a conduit between God and the rest of the congregation. During Church services, he often used a very loud authoritative tone of voice and especially when he prayed for people during the healing service. For example, I recall in one evening service, he shouted out loudly:

“I cast this depression away in the name of Jesus, I cast away every sickness in your life in the name of Jesus!, I declare that you will testify your healing in the name of Jesus!, I command you sickness, come out now!, I cast all your financial problems away, I command you sickness to go away today!, I break the yoke of depression

and oppression in your life! Tonight I speak deliverance in your life and I challenge that evil spirit to go away from you! There is no sickness in heaven, I break the power of cancer and affliction in your body in the name of Jesus!, I declare and decree that you shall have a child of your own, I command that from today your body will withstand the celestial order!, I command every situation, sickness, and disease in your life would be changed in the name of Jesus, I command you sickness by the authority of Jesus Christ to go away, I declare and decree that you shall be healed in the name of Jesus.. I declare divine healing and miracles for you tonight, Receive your breakthrough and healing now!, I command supernatural prophetic anointing for healing and financial blessings for you tonight, I command that the devil will have no control over your life in the name of Jesus!. I command the spirit of opposition to go away by the authority of Jesus Christ be healed in the name of Jesus”.

This narrative is fairly typical of the declarations of Pastor John, especially during the healing services. Pastor John portrayed himself as a man of authority, who had power to heal because of the ‘authority of Jesus’. However, at times, he also gave the impression that he negotiates between God and the devil in this Church.

In some of the healing services, I heard him use expressions such as:

“In just a few moments I am going to lay hands on you, you will receive healing tonight This is your night. Your time has come!”

Another time he stated:

“I decree and declare your healing”.

Also in some of the healing services, the Pastor sometimes stated;

“Every sickness in your life, I cast it away in the name of Jesus”, “I declare that you will testify your healing in the name of Jesus”, “In the name of Jesus Christ...Be healed!”

7.2.3 Pastor John as a transformative healer

Over the months that I attended the Church, it was clear that the Pastor was seen as someone who is able to effect a transformation. From both my ethnography and qualitative interviews, members of the congregation used various words to describe Pastor John and his personal/ spiritual attributes For example, it was common in conversation with people in

the Church to hear them say, *“I Thank Pastor John for praying for me and healing me”, “Pastor John is very powerful”*.

However, it was revealing to know that not everyone in the congregation shared this view. In his interview, Pipi, who was a visitor to the Sanctuary Church and was only attending to support his niece, suggested that he thought that:

“Some people gave the Pastor too much respect and made him look like he was above human because they don’t have a strong faith in God”.

It is interesting to notice that Pipi did not have same high reverence for Pastor John that some of other people in this Church have. This made me think that it is possible that there were other members who share the same view as Pipi. However, the nature of ethnographic work means that sometimes the dissenting voices might have been hidden and not fully heard because one is not able to speak to every individual in the community being studied. In my case, I was not able to interview every person who attended the Sanctuary Church during my field work and on many occasions, the people who gave their testimonies in the healing serviced were introduced either by the Pastor or one of his ushers. Therefore, maybe it was not surprising that I did not hear any dissenting voices in the public context and it might be reasonable to assume that if any member of the congregation did not agree with his approach, then they would have chosen to not attend the Sanctuary Church.

7.2.4 Pastor and Paternalism

It was notable that many people in the congregation called the Pastor ‘Daddy’ or ‘Father’, this was significant given my earlier discussion relating to the construct of God as a Father, where the power to heal and other positive acts are usually associated with God. This appeared over one hundred times in my data and on many occasions he was called *“Papa”* in the Church when he was being addressed. However, there seem to be conflicting views as to why some of the congregation call the senior Pastor ‘Daddy’. However, during my ethnographic work I often heard people making statements such as; *“Daddy you are a*

powerful and unique man of God”, “Daddy you are a blessing to the whole world”, “I came to see Papa for prayers”. From my qualitative interview data, Mrs Nwanga, explained her perspective in these words;

“Pastor John is like a Dad to everyone here because he has healed so many people and helped a lot of people accomplish their dreams. You can come and tell him whatever and he will be there for you, and that’s what fathers are supposed to do isn’t it?”

Also during my ethnography, Alice, a regular attendant of the Sanctuary Church described her experience to the rest of the congregation when she gave her public testimony. With her hand pointing to the Pastor John, she stated:

“I see Daddy here as my father”.

Alice’s husband stood by her as she gave her testimony for her healing in one service and both wife and husband smiled as she called Pastor John ‘Daddy’. It was very interesting to notice that Alice referred to the Pastor as her spiritual father. However, what was striking for me was that the Pastor was also perceived by most of the people as almost God-like. Interestingly, in most Christian faiths, God is revered and referred to as “Our Father who Art in Heaven” (Cummings, 2017). However, at times in this Church, Pastor John seemed to be equated to God, or having God-like powers and calling him ‘Daddy’ or ‘Father’, seemed to place people in the congregation into a very specific power relationship with him. Although it was not stated to me directly, my own fieldwork observations suggest that the way the congregation positioned themselves in relation to the Pastor, was that he was a superior being and at times, it was almost as if he was omnipotent. However, during my ethnography I was conversing with Adam, who told me that he had been a member of this Church congregation for more than eleven years and he had a different perspective of this attribute and portrayal of the Pastor by some of the people in the Church.

He suggested;

“Most of the people in this Church call Pastor John Daddy, because God has given him the power to help people. We have got problems and he is helping us with his power. Maybe, they are showing him too much respect for helping us and looking after us if you like, and they want to feel closer to him but I don’t call him Daddy, you know everyone is different”.

Thus, this seems to suggest that while many people in this Church both men and women portrayed the senior Pastor as their 'Daddy' or 'Father', not every member of this Church perceived him in this manner.

7.2.5 Pastor as an authoritative figure

In addition to the above, there were instances during the healing services when people around him also gave the impression that the Pastor was a man of great significance and authority. On many occasions, during and after services, he had many 'attendants' who performed varied supportive roles. As indicated in chapter seven 'Theatre of dreams', it is difficult to describe some of the roles of the people supporting Pastor John. So I have used the word 'ushers' to describe some of the men who often surrounded him, although the words 'body guards' could also be used to describe these men, as they appeared to take a protective role. In almost all the healing services Pastor John was escorted by at least two men, who walked beside him one on each side when he walked or preached his sermon. Most times, one of the men carried the Pastor's Bible and took it to the pulpit for him. After most of the services, some of the ushers also carried his personal belongings to his car before he drove home. Thus, one got the impression that Pastor John is a man of authority in this Church.

It was interesting to notice that the Pastor could also interrupt the service because of his position as leader of the Church. For example, sometimes, during the singing of hymns, the Pastor took the microphone, which was always lying on top of his pulpit and would interrupt the singing with his personal announcement to the congregation at any point during the services. It was striking to notice that at that point, everything stopped there would be absolute silence while the Pastor talked into the microphone during the healing session. Also, it was fascinating to observe that some people in this Church knelt on the floor, and sometimes bowed low, almost giving homage to the Pastor when they spoke to him. Furthermore, it was observed that most of the people in the congregation rose up in unison on their feet whenever, the Pastor stood in front of the congregation to speak, or when he

walked to the podium to preach the sermon. The congregation seemed to do this as a mark of respect for the Pastor but this also seemed to suggest that Pastor John was a man of immense authority in this Church.

There were also other instances when the Pastor's behaviour seemed to suggest that he was man of authority. For instance, from my ethnographic data, he sometimes verbalised words or statements such as:

"Tonight I challenge the spirit of cancer to go away from you".

It seemed from both my ethnography and the qualitative interviews that, Pastor John's being an authoritative figure developed from his having been a founder of the Church. Certainly during the services he controlled the ceremonies and it was his decision to interject, decide how long the healing ceremony took and when each healing service ended. Furthermore it was not just the Pastor's behaviour that gave an impression of him being a powerful figure but also the structure of the Church service and the support systems around him in this Church such as the ushers and the reverence of the congregation that reinforced his authority as the leader of this Church.

7.2.6 Power and Authority in Churches

There is relationship between the organisation of the Church and power/authority as held in the Church. As I indicated on the chart presented in chapter 6.2.4 (A chart showing the hierarchy in the Sanctuary Church), Pastor John holds much power in his role as head of the Sanctuary Church. Although leaders of the various groups within the Church exercised some authority and power over the people in their teams when performing their roles, they all followed what Pastor John had instructed. Therefore, his power/authority remained strong in the Church, even in his absence.

7.2.7. Signs and wonders

In the following section I want to examine what Pastor John called the 'signs and wonders' that the congregation perceive that God is doing in Sanctuary Church. From my ethnographic data, the Pastor described this process:-

"God is doing wonders in this Church. A lot of miracles are happening here, the sick are getting healed every day. People with cancer, mental illness, arthritis, infertility- are all getting healed. This is the anointing power of God doing miraculous work. I am just a vessel of God and he is just using me to do miracles. It is Him alone who has the power to heal and has placed this in my hands to paralyze the work of the devil".

The quote above, is fairly typical of Pastor John's declarations and he seemed to be suggesting that the Sanctuary Church was not only a place of the work of God and healing but that he (Pastor John) had a significant role in this process. However, it was also notable that some members of the Sanctuary Church seemed to suggest that they can speak directly to God and in some instances, God speaks to them. For example, during a healing service one Sunday, a woman was observed to be jumping up and down on one spot with her eyes closed and saying *"thank you God for healing me"* while others continued to pray and sing during the service. No one was disturbed by the woman's' out pouring of praise and it seemed to be nothing unusual to the people surrounding her.

Some members of the congregation described their healing and many of the other positive things that happened to them (such as gaining employment and their UK immigration status), as miracles, signs and wonders and a number of scholars of African religion, such as Asamoah-Gyadu, (2005); Robbins, (2004); Meyer, (2004) and Krause, (2013) suggest that signs and wonders are common in healing services in some areas of Africa. While the miracles, signs and wonders often related to physical health, some people also testified about their social and psychological healing after Pastor John had prayed for them to get a job and also regularise their immigration status. For example from my qualitative interview, Georgina reflected;

"My healing did not happen tonight but I want to share it. I have been looking for a job since the beginning of this year but did not get one. Last Friday night, Pastor John prayed for me and other members who were in same situation as I was. He

asked me to do my deliverance, which I did. Yesterday I received a response to one of the applications which I sent to a company about five months ago. The Company want me to start working for them next Monday, Praise God, this is a miracle, I had given up and expecting to hear from that company again!"

From my ethnographic data Agatha also described in her testimony and how she received her healing during a 'miracle and healing' service. She reflected:

"About three years ago, I was knocked down by a car, I broke both legs and the doctors operated on my two legs. Unfortunately, I had so many complications after the operation due to infections. The doctors took so many x-rays of my legs and always said that wounds in the two legs were not properly healed. I could not walk on both feet except with a Zimmer frame and sometimes in a wheelchair. I wore this pressure garment on both legs for three years. I was very depressed and have been taking anti-depressant medication for almost eighteen months now. There were times I felt like killing myself because of the pain I went through and made a couple of attempts last year. My daughter brought me here this evening in a wheelchair. When Pastor laid his hands on my head to pray for me I felt that the pain in my legs stopped straight away, and for the first time in three years, I have been able to stand upright from my wheelchair as I am doing now and didn't feel any pain. This is a miracle! Look I can walk without support and wheel chair. I have received my healing and would like to thank God for Pastor John. You are a mighty and powerful man of God. Thank you Jesus, thank you Pastor John!"

It is interesting to notice from the above testimonies and others, that were shared by some members of the congregation, that people described their experiences as miracles and believed that it was God who delivered them from the devil, helped them (to get a job, to immigration papers, to get well), which the devil had prevented them from getting and significantly, they suggest that the miracle happened because the Pastor prayed for these outcomes

At no point did I see or hear that healing did not work for any of the people who attended the Sanctuary Church. However, this may be so because they would have been in minority. Because most people talked about receiving healing, you might believe that the devil is in you, if you overtly verbalise that that you have not did received your healing. Indeed as Mary Douglas commented, those religions, which have the most emphasis on the instrumental outcomes of their rituals 'are most at risk from disbelief' (2002 reprint, 174). As Clements (1981) suggests, a belief in the efficacy of the Holy Spirit is a defining feature of Pentecostalism and Pentecostal healing and this involves the Holy Spirit - therefore, a failure of healing might indicate a lack of faith or belief in the Holy Spirit. However, Douglas

sought to understand how people account for the failure of religious rituals have the potential to create cultural ambiguity and she suggested that therefore, evil spirits are usually used to account for the failure of any ritual outcomes. Yet as Bell (1997, 80) suggests most rituals not only 'inform meanings but also creates meanings' and therefore any ritual failures (i.e. lack of healing outcomes) may be subject to multiple interpretations.

Pastor John always gave the assurance to the congregation that anyone who goes to see him to be prayed would receive healing from their ill health. From my ethnographic data, Pastor John stated during one of the healing services

'Come to the Sanctuary Church with any problem, any illnesses and you will be healed. The supernatural power of God was here to heal people from any illness. You will never leave here the same when I pray for you....'.

According to Martin (2002) and Burgess (2006:xiii) Pentecostalism is one of the fastest growing religions worldwide and its main attractions are miracles and healings. Being a Pentecostal Church, this could explain why some people attend the Sanctuary Church. Some scholars such as Alexander (2009) have suggested that Pentecostalism is the world's fastest-growing faith in the world *because* of the signs and wonders that happen in Pentecostal Churches.

7.2.8 Pastor as deemed to have a special relationship with God

From my ethnography, listening to people in this Church, it seemed that many people believed that Pastor John had a special link with God and was therefore a spiritual leader. Expressions like, *"Pastor, you are an anointed man of God"*, *"Pastor you are mighty and powerful man of God"* were often shouted out by some members of the congregation during the healing services. This suggested that the senior Pastor had a special quality from God who helps him to heal people in the Sanctuary Church.

From my qualitative interviews, Bibi, a regular member of the Church reflected;

"I thanked the God of Pastor John for healing me", "Pastor John is a mighty man of God"; "You are a mighty and powerful man of God".

Comments like these were not uncommon and this suggests that for many people in the Sanctuary Church, healing was located in the Pastor and he is deemed to play a significant role in healing people who attend the Church. Many people suggested that Pastor John has 'a special relationship with God' and that the healing powers residing in him are given by God and he is commanded to work the healing and other miracles that happened in the Church. For example, from my qualitative interviews, Felicity, a regular attendant to this Church explained her reasons for attending the Sanctuary in these words

"You see I have got this skin problem on my body, the doctors cannot treat it, I mean cure it, and it is hurting me, it's bothering me, it is growing, you know, so my friend who was healed from cancer in this Church said to me, if you go to the Sanctuary for prayers, the Pastor is very powerful, and so I started coming to this Church".

Although the people in this Church give an impression that God is powerful and that he was responsible for the healing, it was very intriguing to notice that many people also ascribed the same or similar attributes to Pastor John. From my ethnographic and qualitative interviews data, all but a few participants when talking about their healing, devoted a great deal of their narratives to the powerful nature of 'the God of Pastor John'. For example, from my ethnography, Eleanor shared her testimony to the congregation about her healing in one healing service. She shouted the following words;

"I have been delivered from the demonic attack of the devil, I am healed, thank God for Pastor John, I am now thinking straight. The God of Pastor John is very powerful..."

Of course, it may not be the Pastor's intent to be seen as powerful as God and some other members of the congregation suggested that it was only God who delivered them from the devil. For example, from my ethnography, Solomon waved his hands in the air and celebrated during one healing service. He shouted;

"Jesus", "Hallelujah" "Praise God", "Praise be to God for healing me..!"

Thus, for some people in the Church, it was God who was the source of their healing but others seemed to attribute these experiences to Pastor John and yet, often the division between these sources of healing were not clear. For example, in one healing service,

David was very excited, joyful and jumped about and waved his hands in the air as he celebrated his healing, saying;

‘Thank you Pastor for healing me ...’

However, as he waved his hands in the air, the rest of the congregation erupted in praise joining in the celebration of the healing received by David and shouting various words like *“Praise God, “Thank you Jesus”, “Jesus”, “Hallelujah”* but others also rejoiced in shouting *“Pastor John you are good”*. For me, what was notable from my research has been that healings and miracles are highly valued in Pentecostalism and the charismatic movement. Stolz (2011) contends that while most Pentecostalists nowadays do not reject biomedicine, they see divine healings as somehow more pure and powerful.

Interestingly, some scholars of religion, such as Anderson (2002) and Warrington (2006), argue that from a Pentecostal approach, healing belongs to the various “gifts” that are given by God to the faithful. Individuals bestowed with the gift of healing as well as those divinely healed enjoy high status. In the Pentecostal view, both miraculous “words of knowledge” or “supernatural knowledge” one could not otherwise have known and divine healing are undeniable facts (Wimber and Springer 1991).

7.2.9 Pastor as a good man

It was notable that in my ethnographic data and the data from the interviews, that many people seemed to refer to Pastor John as a ‘Good man’. I got the impression that he was sometimes described like this because he prayed for people and some people felt that they had been healed from various illnesses. For example, from my ethnography, Florence gave her testimony in front of the congregation after receiving her healing in one of the services. With a big smile in her face she proclaimed:

“I thank Pastor John for praying for my healing, I now have my first child after twelve years of me and my husband trying to have a child and feeling depressed because of bareness.... You are a good man”.

On the other hand, sometimes, some members of the congregation attribute Pastor John as being a 'good man' because of his perceived 'special relationship' with God.

For example, some of the members in the Church often make comments like "*Pastor John is a good man*" when giving their public testimonies in Church. From my ethnography, Vivian gave her testimony in front of the congregation after receiving her healing in one of the healing services. With a big smile on her face she proclaimed:

"Now I can walk, I can dance, I am healed. I love you Pastor John, without you, I don't know where I will be, you have saved my life... You are a good man of God".

Some of the congregation claim that Pastor John is 'good man' because of his healing powers and this public declaration seems to create hope for other people.

7.2.10 Charisma of Pastor John

As indicated above, Pastor John appeared indispensable in this Church and he appeared to be very charismatic. This was demonstrated through his skills as an orator when preaching and this manner when casting out the devil and during the laying on of his hands for healing. Some of the characteristics of his charisma were shown in the 'signs and wonders', which some people testified to following healing. For example, from my ethnographic data, Anthonia described in her testimony how she received her healing when Pastor John prayed for her in a healing service. She reflected:

"I was diagnosed by my doctor in the hospital as having a tumour in my brain. A few months ago, my doctor invited me to attend an emergency appointment with him after a test results. He explained to me that they have found a tumour somewhere in my brain after having a scan. My doctor told me I will need an urgent surgery on my brain to remove the tumour. A date was set for me to have the surgery done and I was very depressed. When I came home after seeing my doctor that morning, I told my sister who has been to Church this Church before some time ago and knew about the sign and wonders that Pastor John was doing here. My sister invited me to attend prayers at this Church and Pastor John prayed for me here when I came that night. I went back to the hospital on the day that I was supposed to have my surgery. This was about three weeks since I was first diagnosed. The doctor asked for another scan to be taken again before the planned surgery. The doctor said he could not find any more tumour on the second scan which they took and so had to cancel the surgery that that morning. This was a miracle, Praise God, the tumour had disappeared after Pastor prayed for me. I am so pleased and I thank God for Pastor, (pointing to Pastor John). I am healed! Pastor is really a powerful man of God!"

In addition to the way that the Pastor was constructed by many of the people in the congregation, he also presented himself as a confident healer and he always communicated his skills in a commanding tone of using authoritative language such as;

“I command your cancer to go away now. Be healed in the name of Jesus!”, “I break the yoke of depression and oppression in your life”, “Tonight I speak deliverance in your life”, “I challenge that spirit to go away from you”

From the analysis of how Pastor John was constructed by people in this Church, it appeared from both my ethnographic data and qualitative interviews that he has had profound and extraordinary effects on the congregation. For instance, as indicated in this chapter (sections 7.2.2; 7.2.3; 7.2.4; and 7.2.7), some members of the congregation perceived him as a conduit between the congregation and God and therefore appear to suggest that he possesses super human qualities and accepted unconditionally his directions for action to help them in their individual healing process.

However, despite identifying the power relations between Pastor John and the congregation, it was also notable from my ethnographic data that Pastor John appeared to be well-liked and trusted by the people and was seen by many of the people in this Church as a credible communicator when he preached his sermon. During my ethnography, I often heard people shout out *“Pastor preach on”* when he preached his sermon in some of the services.

As suggested above, there is an extensive literature on Charismatic leaders and this raises the question of how power is used (i.e. the motivation, in what manner. It is used and to what end) and it could be suggested that the aims and vehicles of leading, are the main objects, when one evaluates the ethical behaviour of the charismatic.

Research by Kanungo (1998) suggests that the ethical orientation of the leader is strongly related to the followers satisfaction and organisational commitment. For example, research suggests that charismatic leaders ,who are deemed to have high ethical orientations, have better workplace environments with reduced interpersonal and workplace deviance (Bass (1998). Nikoloski, (2015), seem to suggest that the art of Charisma and leadership is to know when to act as a Charismatic leadership and when to

act as a leader, when to use authority and when to use influence, when to ask and when to tell, when to take over and when to let go. In every case, it is crucial for leaders to understand the range of influence techniques they can use, know when and how to use them, build their power bases so that they have the capacity to be influential, and sharpen their skills so that they can influence people effectively. From the analysis of my data, it might be assumed that some of the specific charismatic attributes of Pastor John, include his declared transcendent vision and beliefs, his healing powers, which make the congregation see him as a leader and father. Moreover, his assumed ability to inspire and build confidence in the people at the Sanctuary Church, to heal mental and physical health problems and lastly his rhetorical ability all inform his role as the Church leader. However, it was notable from my ethnographic fieldwork and qualitative interview data, that some of the people in this Church perceive Pastor John as one who possesses superhuman qualities and accept unconditionally, his mission and directives for healing. For example, from my ethnographic data, Tatenda reflected on his testimony about his 'passing his examination that allowed him to practice as a medical doctor. He testified in one Sunday service;

"Daddy (referring to Pastor John) I am a medical doctor. I trained in Zimbabwe and came to this country two years ago. When I came to this country, I had to sit and pass the British Medical exams before I could practise my profession as a doctor in the UK. I tried four times but I did not pass. I was depressed and almost lost my confidence. My wife's best friend who comes to this Church regularly, suggested that I come and see you for prayers. I came to see you. I came here about six months ago and you prayed for me. I am happy to say that I passed my exams last month. I don't feel depressed anymore. I am now practising my profession as a doctor. Daddy, you are my saviour..."

It was fascinating to listen to these testimonies to the Pastor as a leader, as many people commented on his supernatural 'gift' of healing powers and some of the people seemed to suggest he was superhuman and almost confer upon Pastor John, the same status of healing as God, although, the Pastor did not claim to be God.

However, from my ethnographic fieldwork, it seemed to me that Pastor John could be described as a charisma leader. Indeed, as suggested earlier, many people only came to the Church *because* Pastor John was the leader and he clearly had great authority in the Church. My data suggests that some people in the Church felt that he had a special

relationship and close link with God and can therefore talk to God directly. Moreover, as I suggested in my earlier my discussion, Pastor John was often described by people in congregation as 'Father' or 'Daddy'. Thus, from analysing the roles that were ascribed to the Pastor by the people in this Church, as well as my participant observations of him during the healing services, it seems to me to that Pastor John could be described as a charismatic leader. This stems from what appeared to be his personal qualities, his perceived ability to heal people, his skills as an orator, his leadership of the Church community and the esteem that the community gave him.

7.2.10a Thinking about Pastor John and charismatic leadership

A number of writers have sought to understand power and charisma in society. The sociologist Max Weber developed one of the early theories of power in 1968 and suggested that there was a difference between traditional and charismatic power. Weber suggested that traditional power was often inherited and legitimated by political and legal mechanisms but charismatic power is usually based on personal qualities and often linked to divine powers. Importantly, Weber argued that charismatic leadership depends on the relationship between a leader and the people who recognise them as a leader. Weber suggests

"...It is the recognition on the part of those subject to authority which is decisive for the validity of charisma. This is freely given and guaranteed what is held to be a 'sign' or proof, originally always a miracle, and consists of devotion to the corresponding revelation, hero worship, or absolute trust leader." (Weber, 1922a:48 1968: reprint).

Weber also described charisma as;

"...a quality of an individual's personality by virtue of which he is set apart from ordinary men and treated as endowed with supernatural, superhuman, or at least specifically exceptional powers or qualities." (1922a: p.48, 1968).

However, other theorists have suggested charisma relates not to their social position but to the individual or psychological qualities and the inner, dynamic force of the leader's personality Barnes (1978). Epley's (2015) writing on charisma and Muslim leaders in Indonesia, discusses the possible external factors that also contribute to an individual rising to a position of authority and power (for example, family, school, media, work, and

communities) based on certain cultural identities can influence whether or not an individual becomes a leader and the nature of that leadership once that person is in power. However, unlike Weber, Epley, (2015) argues that charisma is not a static concept and that charismatic leaders often undergo a transformation over time and argues for a need to understand the social and historical context of the rise of charismatic leaders. This point about the context of charismatic leadership was also posited by Gerlach and Hine (1970, 39), who examined Pentecostal leadership, these writers suggest that leadership is often associated with the "power to witness for the Lord" and the extent to which the leader is seen to have a role in divine intervention. Moreover, Gerlach and Hine suggest, in most Pentecostal Churches, leadership and power is based on the 'personal qualities of the Pastor, rather than the fulfilment of bureaucratic training requirements' (Gerlach and Hine, 1970, 39). Certainly in the Sanctuary Church, there is a strong emphasis on the Pastors spiritual abilities to heal and thus reinforcing his role as a healer and leader. Yet, as many writers remind us, in order to be a charismatic / powerful leader requires a relationship between the leader and others.

This point is taken up in an unusual study conducted by Schjoedt et al., (2011), who investigated Danish charismatic Christians and how the recognition of sender's charismatic abilities, affects the recipients' neural responses and subjective experiences. Their study used functional magnetic resonance imaging to investigate how assumptions about speakers' abilities, evoked responses in secular and Christian participants who received intercessory prayer. They found that the recipients' assumptions about the senders' charismatic abilities had important impact and that young Danish charismatic Christians modulated their responses to intercessory prayer, according to their assumptions about the speaker. Using magnetic resonance imaging, the researchers noted that the Christian participants deactivated the frontal network (consisting of the medial and the dorsolateral prefrontal cortex bilaterally) in response to speakers who they believed had healing powers. This was notably significant in contrast to the non-Christian speaker. An independent analysis across the research subjects revealed that this deactivation of the frontal network, predicted the Christian participants' subsequent ratings of the speakers' charisma and

experience of God's presence during prayer. Although this study was about Danish charismatic Christians, I feel these findings are relevant to my own study because, these observations point to an important cognitive mechanism involved in charismatic in the understanding and expectations of a charismatic leaders.

The literature on charismatic leaders has given me food for thought in relation to Pastor John and his rise to leadership. As I suggested earlier, many of the people in the congregation will have experienced Pentecostalism in their home countries (across Sub-Saharan) and the rise of the Sanctuary Church in London may relate to both the globalising of Pentecostalism and the needs of migrant communities. However, it is not clear as to why Pastor John rose to become such a charismatic leader, although he does seem to exhibit many of the qualities identified by Weber (1922). However, maybe the most significant factor in maintaining his status as a healer is not only the fact that healing services are conducted weekly (and have a large following) but also, during these services, healing is demonstrated publically and many of the people who have been healed give public testimonies during these services. Therefore, these processes, combined with his personal skills and qualities may act to continually reiterate his role as a leader and a healer, and this may be significant in maintaining the role of the Pastor in the community because as Weber suggests, followers may abandon a leader if they do not deliver the promised goods, services, or some other goal for as Weber argues, *"pure charisma does not recognize any legitimacy other than one which flows from personal strength proven time and again"* (p. 1114). Therefore, Weber suggests, charismatic leaders must prove their powers in practice and as Weber concludes, charismatic leadership will end if *"the people withdraw their recognition, the master becomes a mere private person"* (p.1115).

Yet as Clifford Geertz (1966) observed, charismatic leaders in religious settings need to address the issues of meaning, morality, and suffering if a religion hopes to endure then it must cope with these problems. Likewise, any religious, charismatic leaders who wish to maintain their authority over these issues must also espouse an ideology to cope with these three basic issues, where chaos threatens to impinge on human consciousness and

experience. I also found these insights to be useful, as they resonated with my ethnographic findings as the majority of the congregation attended the Sanctuary Church because of the qualities of Pastor John as a healer and leader and the community that has been created through the Church. I would suggest that my findings indicate that the Church seems to address the spiritual, social, and psychological health needs of the community and this is discussed in more detail later in chapter 7.3.2 and 7.3.3

7.2.11 The role of women in the Church

Despite the obvious recognition of the Pastor as a leader in the church, there were some interesting dynamics of power that were not discussed and it was obvious from looking at the structure of the Sanctuary Church hierarchy (Please see Chapter 6.2.4) where the leadership roles of the men and women leadership are highlighted. Although this was not an issue of concern that was raised by anyone in my study, it was very revealing that this was seen as an acceptable Church structure. Here it may be useful to utilise the theory of 'intersectionality' as it may help to illuminate some of my observations of the experience of women in this Church. As I suggested earlier in my thesis, a number of Black feminists, (for example, Crenshaw, 1989; Collins, 2000 and Mitchell, 2014) have highlighted how Black women often find themselves at the cross-roads of intersecting power dynamics. Intersectional analysis identifies those who are marginalised due to interlocking (intersecting) systems of power, privilege and oppression (for example, race, class, gender and sexual orientation). Theories of intersectionality hold that discrete forms of oppression shape, and are shaped by, one another, and a failure to recognise how they inter-relate results in both simplistic analyses and ill-conceived policy interventions (Squires, 2008) and as a number of writers have suggested a woman is never received as just a woman, but how that person is racialised, also impacts how they are received as a woman (Mitchell, 2014; Robbins & McGowan, 2016). By looking at the experience of women in the Sanctuary Church with an intersectional gaze, it has helped me to understand how the women are differentially located to power within the same boundaries of belonging. Although it was notable from my field work that many of the women I heard and spoke to perceived the

Church as a place of belonging, for example, from my qualitative interview data, Johanna, stated during an interview conversation with her;

“I feel at home and safe whenever I come to the Sanctuary Church, everybody is welcoming here, I get to meet people from back home who happens to be experiencing similar health problems...”

Johanna highlights that the Church is ‘home’ and it links her with another (original) home and as Ignatieff (2001) suggests home is often seen as a ‘safe’ space. Although an examination of the Church structure clearly indicates that there are inequalities within the Church (i.e. the women are not located in positions of power in the Church structure), however, my ethnography and my interviews suggest that either this was not an issue of concern to the women in the congregation, or those women who were concerned about the inequality chose to not attend the Church. However, it is worth commenting that in 2013 Alexander and Bowers conducted a survey with women across the USA in Pentecostal churches and found that while there are a few licensed women ministers, they are not treated equally with the men and overwhelmingly the women in the survey did want more leadership opportunities for women. Therefore, although this was not initially a focus of my thesis it may be an important issue for further research in the UK.

7.2.12 The healing service

In chapter seven, “Theatre of Dreams”, I explained the differences between the healing and ordinary services in the Sanctuary Church. Most of the healing services in this Church took place on specific days of the week, Wednesdays, Fridays and sometimes on Sundays and were usually conducted in the evenings. As indicated elsewhere in this thesis, it seemed the majority of the people attended this Church because of the healing activities. It was notable that only Pastor John conducted these healing events and he therefore played a significant role in the healing process in this Church.

7.2.12a A typical healing service

The data from my ethnography and the qualitative interviews seemed to suggest that these Church services and the healing service in particular offer an opportunity for people to come together to become a congregation and collectively to express their shared beliefs through prayer, song and dance in a specific space. The French sociologist Émile Durkheim is probably one of the most famous writers to reflect on the difference between the sacred and profane spaces in his 1912 book, 'The Elementary Forms of Religious Life'. Durkheim (1912) looked at the role of rituals and rites within religion although he focuses on what he considers to be 'primitive religions'. This pejorative term would have been socially acceptable at the time he was writing. Durkheim (1912) suggested that when people come together to worship they often generate a collective energy that he describes as 'collective effervescence'. By this he means that when a group have a shared experience they generate heightened and mutual emotional arousal from the collective performance of various ritual practice.

Symbols play a significant part in the process that seeks to hold the religious group together through these processes individuals are transformed into a collective group. Durkheim suggests that a collective conscience is created and these collective processes have a profound impact on individuals and groups and the continued re-enactment of rituals can also help to reinforce the beliefs of individuals (Durkheim, 1995: 228 *cited in* Von Scheve, 2011).

Certainly, my own data echoes this idea of 'collective effervescence' because the congregation in the Sanctuary Church do not worship quietly and privately but are audibly and physically engaged in the service through song, dance and prayer. This creates an immense collective energy that culminates in the section of the service where the Pastor conducts healing. The discussion below provides interpretations of some of the experiences, practices and beliefs of the congregation in these healing services. The

following sections identify some of the characteristics of the healing service, although they need to be read as part of a whole process that gains momentum as the service develops.

7.2.12b Song as praise and community effervescence

As mentioned in my discussion on 'Theatre of Dreams' (Chapter six), singing songs of praise to God and dancing were used in every healing service in this Church that was observed in my data collection. Although traditionally many Christian Churches sing hymns, the songs in most Pentecostal Churches are very lively, upbeat and often loud. However, although there were no set patterns for starting the healing service in this Church, the process often commenced with a prayer led by a member of the worship singers, or one of junior pastors who would pray aloud using a microphone. Soon after a prayer was said, the first song to be sung would be called out by one of the singers and the rest of the congregation joined in to sing the songs as soon as they were introduced. On most occasions the words of the songs were projected on a screen in the room for all to see the words of the song and sing. There were no songbooks or hymnbooks available, although on some occasions the congregation were given sheets of paper that contained a particular song to be sung in the service. The songs tended to cover topics like 'Our God is a healing God', 'Shout to the Lord', 'You are my God', and 'He is miracle working God' and 'Jehovah God'. The songs were popular and familiar to the congregation and compared to the songs in the ordinary service, more songs were sung in the healing service. Various musical instruments including guitar, drums, an electric organ and tambourines accompanied the singers and this helped to vibrate the sound of the songs to every corner of the room. As the congregation sang and praised God together in a celebratory manner there was usually a calling out by people in the congregation, often shouting "*Jesus*", "*God*", "*Hallelujah*" and "*Amen*", with a prolific clapping of hands and sometimes people were dancing together. In most services, the lyrics were in English, apart from one or two, where there was a mixture of both English and African words, although the content of the songs usually consisted of Biblical messages and inspiring words with some of the lyrics acknowledging that God can

offer healing and relief from pain. The music was usually modern and I heard both familiar songs that are often sung in most Pentecostal Churches and occasionally the congregation sang more traditional hymns in the service.

In the healing services, there was usually an atmosphere and sense of spontaneous celebration, especially during the initial part of the service and this was expressed through hand clapping and dancing by most people in the congregation when people appeared excited and joyful as they clapped their hands and sang. Some people danced around in the space in front of where they stood. Some had their arms stretched sideways and appeared to be praying during the singing of songs. Others had their arms raised high, while some knelt on the floor in front of their seats. Still others waved their hands in the air in a celebratory manner as they sang loudly and danced around. In contrast with the ordinary service, there usually seemed to be a heightened mood in the congregation during the healing service. For example, there were repetitious chants of '*Praise the Lord*', '*Amen*', '*Hallelujah*', often using a 'call and return' approach with one person calling out and others either replying or repeating the words. Sometimes a member of the worship singers who led the songs shouted "*Praise God*" at the end of each song and the rest of the congregation responded with same words or '*Hallelujah*'. The music was always very loud and there was shouting and screaming and a massive outpouring of emotions and speaking in tongues during the singing period. Sometimes this part of the service felt more like a carnival, where people praised God and there was an enormous sound made during that period and everyone around me looked happy, joyful, excited and seemed to be content. The singing and dancing usually lasted about 45-50 minutes, which was longer than the singing session in the ordinary Sunday service.

From my qualitative interview data, Felicity, described what happens during the healing service, she gave an interesting explanation of the relevance of the singing of songs and praise in the healing services at the Sanctuary Church. She reflected:

“You can feel something special within you like the spirit of God was present when we sing songs in this way”.

While it was apparent to me that the singing did have a function in the healing service, other researchers have also noted that collective singing is more than simply a shared activity. For example, a study by Gabrielsson and Lindstrom, (1989) cited in Kundin and Sandberg, (2001), identified peoples responses to music and how it related to physical reactions, perception, hearing, seeing and changes of attitudes, emotions and feelings. Also, transcendent aspects such as spiritual and religious aspects and personal development, for example, increased self-confidence. The researchers suggested that the choice and nature of music play a crucial role in eliciting positive and negative responses in the healing environment and that different types of music can elicit different emotional feelings. Gabrielsson and Lindstrom, (1989). Certainly, the data from my fieldwork suggested that the choice and nature of music and songs shared by the congregation elicited a strong positive experience of joy, happiness, and expectation although sometimes people were crying especially during the singing in the healing services and this was fascinating to observe and it seemed that people were overcome by emotion, rather than sad although obviously it was not possible to ask people about this at the time.

Interestingly, there is an extensive literature on the therapeutic value of music and singing (Engen 2005; Hillman, 2002; Parker, 1999) and a number of studies have shown that singers commonly report a wide range of social, psychological, spiritual and health benefits associated with singing (Bailey and Davidson, 2002, 2005; Silber, 2005, Clift et al., 2010). Therefore it might be argued that the very activity of singing together in the Sanctuary Church is, in itself, therapeutic. During my ethnographic fieldwork I was conversing with John, one of the regular attendants to the Sanctuary Church who also explained the value of singing from his perspective. He stated;

“...we sing songs of praise and dance as part of worship to God, We tell God how much we love him in our singing”.

In another conversation with Jonathan, one of the ushers in the Church I asked him about music, he explained;

“You can always feel the spirit of God present in the service when we sing and praise God in this way”.

For these men, the value of singing was not just personal but was seen as a way to praise God. However, as suggested earlier, for many people, singing also involved dancing or moving in some sense.

7.2.12c The role of physicality, visceral body, singing and dance in healing

In some ways, it is difficult to describe the physicality of the healing services. This is because unlike dance that is choreographed with an agreed language to describe it, while there was informal, spontaneous dancing there were also other bodily movements during the service and the healing event. These ranged from bodies swaying, arms lifting and hands clapping to people falling, screaming, laughing and crying with the laying on of the Pastors hands during the healing events. Indeed at times the service was both loud and very visceral.

I would suggest that the bodily interactions such as dancing, screaming, falling on the floor, raising arms above, swaying, crying that I witnessed during the healing services, encompassed what Sarah Coakley (1997) describes as embodied religion. Coakley (1997) suggests that the body has long been at the centre of debates concerning religion and in her earlier, edited book on *Religion and the Body* (1997), she illustrated how the body was constructed within different religious belief systems (such as Hinduism, Buddhism, Christianity). Significantly, Coakley describes; *“how religious systems presume that practices produce belief rather than the other way around, and all traditions discussed show intense interest in the individual body “as locus both of potential sanctification and of defilement”* (Coakley 1997).

Other authors writing within the religious studies literature have also looked at the subject of ‘embodied religion’. For example, Strenski (2010) suggests that embodied religion is something that involves actively engaged bodies, performing rituals, or otherwise communicating with supernatural entities and suggests that this may include materiality, practices, and emotions (Strenski, 2010 cited in Ahlbäck, and Dahla, 2010). Indeed the role

of the body in connecting people to emotions has been well documented and writers such as Josephine Machon (2013) have suggested that while many bodily sensations such as smell, taste, touch, sight and sound are involuntary and cannot be suppressed, they are often linked to deeper emotions and not just sensations, so that when we experience multisensory moments, it often means that our emotions are drawn forward through our bodies. I would suggest that the healing services offer these multisensory moments and my ethnographic fieldwork, suggests that the physicality of the services offered all members of the congregation an opportunity to express their emotions and beliefs, and the informality and spontaneity in the services allowed a space for the personal expression of spiritual beliefs but within the collective process of the service.

However, this concept of an embodied religious expression has become an interesting point of analysis because my own data suggest that people come to the Sanctuary Church for healing often because their bodies are sick. Within their framework of meaning, sickness is caused by the devil who is often deemed to reside within them in times of illness, or misfortune. Yet, it is the very same body that is used to praise God through prayers, singing and dancing. Therefore, the idea of an embodied religion seems to be more fluid than I initially presumed and a deeper look at the data suggested that people hold a range of perspectives about their bodies and the location of God and the devil within them. For example, during one of the qualitative interviews, Georgina, explained to me:

“God is at home with us and you can feel the Holy Spirit when we sing songs and praise Him during the service”.

This is interesting not only because Georgina seems to be suggesting that she can ‘feel the Holy Spirit’ through singing and in the service but also because she is stating that sometimes God/ the Holy Spirit can *enter* the human body/mind, rather than being located outside of the body. Furthermore, some members of the congregation seemed to suggest that God resided inside of them only/especially when they are in the Sanctuary Church.

These different perspectives on 'the role of body' in the Sanctuary Church have raised some tensions in my analysis, as my data suggests that people ascribe multiple roles and multiple meanings to their bodies in the healing process and it seems that some members of the congregation may hold contradictory views. For example, my data suggests that sometimes the body can be used to transmit prayer, praise of God and sometimes be a vessel for the Holy Spirit to enter. While at other times, the same body, in the same healing service, can be seen as a place where the devil has entered, causing illness and misfortune. Indeed, this seems to be the very focus of the healing service to praise God and cast out the devil.

Yet, I would suggest, that the body in the healing service is more than a vessel for healing. In essence, the embodied aspects of the healing service of the laying on of hands, dancing, screaming, falling and singing allow for an externalising of internal beliefs and emotions that relate to the individual and collective spiritual life. Indeed, other scholars, for example, Riis and Woodhead (2010) suggest that bodily emotions and feelings are central in religious action, and that they should be studied instead of the propositional knowledge traditionally studied in religious studies. They assert that thoughts can be expressed in words, whereas emotions are expressed in embodied presence, movement, movement, music, dance dreams, images and symbols.

As suggested above, the dancing, singing, speaking in tongues and other outward expressions of religious practice in the Sanctuary Church in the healing services facilitates both individual expression and a collective experience. As mentioned earlier Durkheim's theory of collective effervescence (Durkheim, 1912) is useful because it highlights the role of the communal and collective and it is this communal aspects of that gives rise to intense passions and emotions (Nielsen 1999). As Durkheim suggests:

"The very act of congregating is an exceptionally powerful stimulant. Once the individuals are gathered together, a sort of electricity is generated from their closeness and quickly launches them to an extraordinary height of exaltation. Every emotion expressed resonates without interference in consciousness that are wide open to external impressions, each one echoing the others. The initial impulse is thereby amplified each time it is echoed, like an avalanche that grows as it goes along. And since passions so heated and so free from all control cannot help but

spill over, from every side there are nothing but wild movements, shouts, downright howls, and deafening noises of all kinds that further intensify the state they are expressing” (1912:217–218).

It is also notable that Durkheim extends his idea of collective effervescence to talk about ‘effervescence assemblies’ where religious processes raises intense emotions, that can; *“spread to all other mental states that occupy the mind”* (Durkheim, 1912) and this makes not just the moment of activity significant such as the singing, prayer and dancing but that this process, can pervade other objects and symbols.

Durkheim’s central thesis in his 1912 book, *Elementary Forms of Religious Life*, is to demonstrate how the “social force” of collective rituals serves to generate the fundamental categories of the mind. This framing of the significance of the role of mental and emotional states in religious practice has implications for my own study because it seemed that the heightened state of spiritual experience that many members of the congregation seem to experience through praying, dancing and singing offers an expressive and healing experience in themselves, as well as contributing towards the expectations of receiving healing from the Pastor in the main healing event. Durkheim suggests that collective ritual can bring *“about a state of effervescence that alters the conditions of psychic activity; [such that] “The vital energies become hyper excited, the passions more intense, the sensations more powerful”* (1912:424). And finally, it *“...is in these effervescent social milieu, and indeed from that very effervescence, that the religious idea seems to have been born”* (Durkheim, 1912:220). By reflecting on my research and the ideas of Durkheim (1912), it seems to me that singing and dancing in the Sanctuary Church, plays a significant role in both the community together, shifting their focus from the domain of the profane to the spiritual, but more than that, this collective praise creates a ‘collective effervescence’ in the Church. This in turn, acts to enhance the mental states of the congregation as the service progresses towards the most significant part of the healing event.

However, I wish to emphasise that Durkheim’s (1912) notion of collective effervescence is not without criticism, and as I suggested above, Coakley (1997) challenges the idea that

systems produce belief and other scholars have also criticised Durkheim's (1912) theory as reductionist (Mestrovic, 1992). However, Mestrovic, (1992) suggested that Durkheim used the term collective effervescence, to refer not to a vague quality associated with any social gathering (as some authors have misinterpreted it) but to a specific and real social entity involving intention and volition.

Certainly, my own fieldwork notes suggest, that there was a feeling of excitement and expectation among the congregation during the singing and dancing and it appeared to me that the people who attended these healing services were expressing through their movements and vocalisations that they were experiencing some form of mental change or transformation, in their situation through the collective experience. It appeared that this shared experience of singing and dancing together in praise of God, created an overwhelming feeling of connectedness and happiness, combined with the expectation of healing vocalised by many people in the Church. Thus, it could also be interpreted that although the Pastor always conducted the actual 'healing event', the process of worshipping and singing together seems to play an important role in the process and the collective effervescence of these activities heightens the atmosphere and also acts as a prelude for the healing ceremony that is to come later in the service.

7.2.12d The Sanctuary Church as a sacred space

Having focused on much of the activity in the healing service in this chapter, I thought it was also important to examine the context where the activities took place. Although I have described the building in some detail in my ethnographic chapter, I wanted to look in more detail at the way the space has been given symbolic meaning and how some of the space in the Church is deemed to be sacred. As suggested in Chapter seven (Theatre of dreams), the Sanctuary Church building was situated in an urban industrial setting but the inside the of the Church is used as both a spiritual and profane (ordinary) space. At times some parts of the building are used for social community activities but the main body of the building is considered as a spiritual or sacred space. Walking through the main entrance of the room

on arrival at the Sanctuary Church, there is a raised platform about four metres in height and fully decorated with both artificial and natural flowers. This platform appeared to be a sacred space in the sense that it is set apart, a place where the only the senior Pastor and the Elders of the Church sit during the service and no other members are allowed access to the platform without the permission of the Church leadership. There is also a specific cushioned chair dedicated for the use of Pastor John. On the left of the platform, there is the space for the worship singers and their musical instruments, with the majority of the space having open seating for the congregation who can choose freely where they want to sit. However, although the Church has dedicated space for specific people in the Church, at times just before, or soon after the singing session had ended, the Senior Pastor would ask the ushers to create a physical space by asking the congregation standing in front of the platform, to move back to make space for the healing event and create a symbolic physical space for the healing. Once the space was created, Pastor John usually informed the congregation that he was about to start praying for people to be healed.

The notion of the word “sacred” is disputed as a concept in much of the literature and various scholars seem to have different meanings in their application of the word, especially as it is used as a noun and as an adjective and seems to have multiple meanings and connotations. The main issues of dispute in the literature seem to concern its reference and semantics in its usage. For example, scholars such as Emile Benveniste (1973), examined some of the semantics in the usage of the word “sacred” in the Latin language and proposes that the verb *sacrificium* in Latin, stands for an entity that is “made sacred” by ritual attachment, drawing on the Latin root for the term *sacer* is *sak-* or *sek* denoting “to cut”, “to set apart” (Lat. *secare*). Benveniste (1973) suggests that traditionally, the area outside the *sacrum* was *pro-fanum* (Lat. *pro* “in front of”, “outside of”) and that the *sacrum* was usually consecrated for ritual use, and thus also protected from the impurities of everyday social life. Furthermore, the line of demarcation between *sacrum* and *profanum* was made inviolable by *sanctio* that is derived from the notion of *sanctus* meaning a boundary or a fence. Benveniste (1973) suggests that out of these demarcations, the *sacer* is often considered to contain *augustus* (power) and should be protected from violation and that

historically, transgressing the boundary, violating the norm, was often followed by punishment, *poena*. It was interesting to learn from Benveniste (1973) that terms and concepts for “sacred” in Latin point out the way to approach the issue of sacrality as a category boundary, where a division is made between what happens in a sacred space and what happens in everyday social life. But as Durkheim (1912) suggests, there is nothing intrinsic about a particular object or space that makes it sacred, it is only sacred because people choose to construct and give meaning to specific spaces.

In the Sanctuary Church I might suggest that the boundary between the space used by the Pastor and his ushers and the congregation have only become sacred and bounded because the community have invested meanings in the Pastor and the space he uses and denotes. Interestingly, a study conducted by Lynch et al., (2013), suggests that the nature of sacred spaces depends on the mission of the Church, Church leaders and the importance given to individuals' religious journeys and transformations.

My own research suggests that people gave different meanings to the Church building and the spaces within it. For example, from my ethnography, I was conversing with Brother Sam who reflected;

“I have been coming to this Church for nine years, this is the house of God, we are a family and the power of God is here in this Church”.

In other words, Brother Sam seems to be suggesting that the Church offered a defined space where the presence of God could be found. Other people in the Sanctuary Church also seemed to suggest that the space was sacred, for example from my qualitative interview, Mrs Clara stated:

“A lot of miracles and wonders happen in this Church... this is a holy place, the land of wonders”.

Other writers have also looked at the use of spaces in Pentecostal healing, for example, Krause, (2014), have explored place making and healing in her research on Ghanaian migrants who attended Pentecostal healing prayers in London. The author uses the term ‘place’ to refer to the meaning invested in particular localities in London and suggests that

these could be offices or warehouses converted to Church rooms as in the case of the Sanctuary Church but they also include workplaces, private homes, and features of the city such as a canal. Krause suggests that the significance of these places does not emanate from the locality itself, but through relations with other places and Krause (2014), draws on theories by Doreen Massey concerning the idea of a *“global sense of place”* (1994:p.146-156) and Krause also draws on Massey (2005) *to examine the “articulation in the wider power geometry of space”* (p.130).

Creswell has suggested that; *“the distinction between space as unbounded and places as bounded localities ‘has imploded’*” (2004:p.8-10). Massey suggests that places can be thought of as constituted through *“intersecting trajectories, and not as static, bounded containers”*, Massey seems to suggest that there is an increasing fluidity in of the use of physical or conceptual space and this is highlighted in the Pentecostal Church. It might be suggested that when thinking about space in the Sanctuary Church and its physical boundaries such as the building and the use of space within the building, we do not set the boundaries of the Church. That is because the majority of the congregation originate from various countries in Sub-Sahara Africa and therefore the global is not ‘out there’ and the local ‘here’ but that places are defined as simultaneously part of both global and local connections.

My research suggests that the members of the Church are drawn from well over twenty nationalities, with most people originating from Sub-Saharan. Interestingly from my interview conversations with the Pastor John, it seems that there are more branches of the Sanctuary Church in other African countries including Ghana. Therefore the Sanctuary Church in terms of the building and the community can be seen as part of the global Pentecostalism movement, as well as a building where the holy spirit of God is said to be present in the meeting services. Yet at the same time, it is also used as a social space where people from different nationalities within Sub-Saharan go to be prayed for by the Pastor for healing and regular Church services.

Using the definition developed by Krause, (2014), it could be suggested that the branch of the Sanctuary Church based in London can be understood as a node in a transnational network of Churches spanning Europe and Ghana. Therefore, although, this Church is situated in an industrial and a socio-economically deprived area of London, it is much more than a building and has multiple meanings as it used as a sacred place where people can attend for healing and it is also seen by some people as a place, where the Holy Spirit manifests and the devil is driven out, a place to meet friends and find community and a place that offers an encounter between the Pastor and the people. Indeed as Massey (2005) suggests, space can be understood as *“forever incomplete and in production”* (p.100) and this construct seems to apply to the Sanctuary Church. Interestingly, these debates about the fluidity and globalised space extends the ideas of Durkheim (1912) about the sacred and profane space and what one might think about when considering the use of ‘space’ at the Sanctuary Church.

7.2.13 The use of symbolic objects in healing

This section is concerned with the use of symbolic objects used for healing in the Sanctuary Church. Specifically the use of olive oil, sanctified black current juice, and white cloth, I have looked at each of these in detail and examine some of the theories that relate to symbolic objects.

7.2.13a. The use of olive oil

As indicated elsewhere in this thesis, the Pastor sometimes rubbed olive oil in the face or forehead of the person he prayed for. In my fieldwork notes I recalled one healing service, before the Pastor prayed for one particular woman. He asked one of the men who acted as his ushers to fetch him a bottle of oil which was lying on the pulpit. The Pastor opened the

oil and poured some on the forehead and face of the woman before he prayed for her. In another healing service, Pastor John prayed over a collection of bottles of oil at the end of the service and he explained to the people in this Church; *“You can use the anointing oil to overcome every kind of sickness”*. During one of my ethnographic visits to the Church, I was conversing with Esiba, one of the ushers and she explained what was unique about the oil, she reflected;-

“The oil has been prayed over and anointed by Pastor John and so it has power. The devil fears you and runs away when you rub the oil on your face. No devil can come near you when you use this oil. I rubbed the anointed oil on my son’s face and all parts of his body in the last two months and I am so happy that he has been delivered from the spirit of depression and now wants to go back to school”

It was interesting to see that Esiba felt that the olive oil, which the Pastor had blessed had helped to deliver her son from depression. The writer Aidan Nichols (1991), accounts for events such as this by suggesting that *“calling the relationship between the elements and the divine-human victim ‘symbolisation’ can be given an acceptable meaning – so long as symbolization is not defined over identification, something which, for contemporary culture and consciousness in the West is, however, virtually inevitable.”* (p34–35).

In other words, the author seems to suggest that to make sense of why the people in the Sanctuary Church use ‘olive oil’, one must see beyond ‘olive oil’ as an object or a symbol, in order to understand what people say and believe that it does for them. It was also notable that in addition to olive oil, during the healing service, sometimes the Pastor would pray over and bless bottles of blackcurrant cordial commercially known as Ribena drink for members of the congregation.

7.2.13b Sanctified black current juice

During my fieldwork I noted that the Pastor would often pray over and sanctify black current juice. Usually this happened just before the service ended, so that people could take it home with them and the congregation were encouraged by the Pastor to use this as part of their healing process at home. While some people purchased this cordial from the Church, the

majority of people brought their own Ribena drink into the service. Sometimes the drinks were brought in the commercial packaging and they brought in both the diluted and undiluted states. Many people in the Church had talked about how the power of God not God himself could be transferred into objects such as the Ribena drink and the olive oil, which the Pastor had blessed and sanctified. For example; John, a regular attendant of this Church explained to the congregation when he gave his public testimony in one healing service;

“Pastor prayed for me and asked me to go home and do my deliverance. I bought two bottles of olive oil and some Ribena, which he blessed for me to drink at home. I drink the Ribena and use oil every day at home. Those witches in my family wanted turn me to become an alcoholic but thank God for Pastor John, I am healed.”

However, when asked, no one was able to give me the reason why the people in this Church specifically used commercial Ribena drink rather than another make, or orange juice or water. Indeed, I was not able to find this out, however, blackcurrants and the olive oil as natural products are often associated with health giving properties. Although it might also be suggested that Ribena is possibly an alternative to red wine traditionally used in Catholic services to represent the blood of Christ and oil was used to bless the feet of Jesus in the Bible. Therefore, it is possible that the Sanctuary Church has drawn on other religious symbols but I cannot confirm this. However, what is striking from my data is the fact that some of the people in this Church do believe that the power of God can be transferred from the Pastor into fluids/objects when the object is prayed upon by the Pastor. Consequently, they believe that the power of God has gone into the oil or the Ribena. Therefore these objects become potent and for many people, they are seen to act as protective symbols that provide safety from the devil, illnesses and other forms of misfortune.

Additionally, it seemed that people valued the fact that the Pastor's healing power could extend beyond the Church and into people's lives outside the Church in form of sanctified oil and Ribena drinks. I found these views very interesting and revealing because they are different from my own experience in my local Pentecostal Church where objects are considered to have no inherent power.

However, from my qualitative interview data, Mr Pipi, gave a different view about the use of 'olive oil' and 'Ribena' in this Church. He explained in an interview conversation that:

"The anointing 'oil' and the 'Ribena drink' are just a symbol or you can call it an emblem that helps and speeds up the healing. I don't think there is power in the drinks and oil, I believe it is God who can heal people".

What is striking about Mr Pipi's comments is, while some of the people appear to believe that the Pastor has put some power in oil and in the Ribena, it is clear that these views are not shared by everyone in the Church. Another example from my ethnography was when I was conversing with Mrs. Ngozi, a permanent member of the Church during one of the healing services about the use of the Ribena drink. She reflected:

"I know Ribena is just an ordinary drink but because Daddy (Referring to Pastor John), has blessed it by saying a powerful prayer over it, It does wonders for me and gives me more strength. I don't get any pain from my migraine when I drink. It is the only drink I drink and I take some in a small bottle to work every day"

I found Mrs Ngozia's comments very revealing because it seemed to link to some of my professional training as a mental health nurse and the literature concerning the concept of the placebo effect. There has been considerable debate over the definition of the placebo effect. However I find the definition given by Shapiro (1964, cited in Anton et al 1999:23) useful, as they defined it as *"the psychological or psychophysiological effect produced by placebos"* although other writers have proposed a wider definition and Brody considered the placebo effect as *a change in a patient's illness attributable to the symbolic import of a treatment rather than a specific pharmacologic or physiologic property"* (Brody, 1980 cited in Anton et al., 1999). Yet if we look outside of medical explanations to think of how people construct the transfer of power into objects, the theological literature on transubstantiation seems to offer some insights, as this is a subject that has been well documented and debates date to back to the centuries before Saint Thomas Aquinas in Catholic religious history (Sokolowski, 2006; Leijssen, and Lieven, 2001; Nichols, 1991).

To help understand some of the debates, I feel it is important to locate the doctrine of transubstantiation in relation to Christian faith in Christ's Eucharistic presence. Kasper

(2009), suggests that the Eucharist is the term used by members of the Catholic Church to describe the memorial representation of the sacrifice of Christ on the cross and in the Church service and the Eucharistic meal, there is the breaking and sharing of bread to represent the body of Christ and wine, that represents his blood is the sacrament of the body and blood of Christ. The sacrament is seen as sharing his real presence (Kasper, 2009). In the Christian Bible Jesus is quoted as saying over the bread and wine of the Eucharist: "This is my body . . . This is my blood" and for Catholics, what Christ declared is true, and this truth is fulfilled every time the Eucharist is celebrated (Kasper, 2009).

Therefore, the word *transubstantiation* is commonly used in the Roman Catholic Church to indicate that the body and blood of Jesus are in the Eucharist meal and that consuming these substances, effects a change in the inner reality of the individual consuming them. The term can be seen as affirming the fact of Christ's presence and of the mysterious and radical change which takes place (Kasper, 2009). The concept of transubstantiation within Catholic beliefs may illuminate some of the symbolic meanings and the role of olive oil and Ribena in the Sanctuary Church because some of the people explained that they used Olive oil and the Ribena drink which Pastor had blessed and sanctified to be used for deliverance from their ill health and these sanctified objects helped with their deliverance.

7.2.13c A White piece of cloth

In addition to the use of oil and Ribena, sometimes many of the people who attended the Church often came with a white piece of cloth, similar to a handkerchief, which has been or will be, blessed by the Pastor. Marion, one of the ushers in the Church explained the significance of the cloth, she explained;

"This white handkerchief is powerful because it has been blessed by the Pastor. Sometimes we wave them high in the air to express joy and sometimes symbolically push the devil away from attacking the people during some of the healing services when we pray together in the Church".

From my discussion above, it seems that some people in the congregation seem to have a belief in 'transubstantiation' and the belief that the healing power of God could be transferred into fluids and objects and assign meaning to the Ribena, oil and cloth. While this may seem irrational if these processes are viewed through the lens and beliefs of the congregation then they make sense as part of a healing system. Clifford Geertz asserts, culture and behaviour cannot be studied separately (Geertz, 1973) and therefore, if we look at the use of these symbolic objects, then they make sense and have meaning to many of the congregation within the cultural context of the Sanctuary Church.

7.2.14 Summary

Throughout this chapter I have analysed what I consider to be the key themes that emerged from ethnography and qualitative interview data. The discussion highlighted some of the beliefs of the people around illness and how these beliefs influences where they go to seek support when they experience physical and mental ill health. It was interesting to see from the analysis of data that some of the people attribute the causation of their ill health not only to spiritual causes but also to political and economic issues and structures within the communities where they live. This chapter has also discussed issues around 'healing process and practices' at the Sanctuary Church where some of the people go to seek healing. The healing processes and practices within this Church were analysed and it was interesting to notice the senior Pastor's role in the healing process.

Part 3: Locus of control and the production of community in the African diaspora within Sanctuary Pentecostal Church.

7.3 The locus of control in healing

In this final section, I want to discuss the theory of 'locus of control' in health and healing by drawing on this theory and the findings from my research. This discussion seeks to answer my research question: namely: "*What is it that made some of the people to go to the*

Sanctuary Church for healing and what helps them to get better?” Some scholars, such as Ryon and Gleason, (2014) suggest that a sense of control plays an important role in human behaviour and there are a number of theories and conceptualisations, which have been posited by these writers. My discussions in sections 7.1.3, 7.1.3b and 7.3 suggest that the conceptualisation of control, which, I feel is significant to this study is the locus of control. That is God and the devil has influenced the decision that many people have made to attend the healing services in the Sanctuary Church.

7.3.1 Defining the locus of control

The theory of ‘locus of control’ was developed in 1966, by the psychologist Julian Rotter, and it has been defined as *“the degree to which an individual expects that a contingent relationship exists between one’s behaviours and outcomes”* (Ryon and Gleason, 2014:121) and our behaviour is controlled by rewards and punishments, and that these have consequences for our actions that determined our beliefs about the underlying causes for these actions. The locus of control theory has been linked with psychological and physical health outcomes and the literature seem to suggest that the concept was originally regarded as a uni-dimensional construct, but Krampen, (1987) and Levenson, (1981), deemed this conceptualizations of the locus of control inappropriate and they developed multidimensional assessment tools. The literature suggests that early work on the locus of control dichotomised the construct and divided the world into internal and external controls (Lefcourt, 1982; Rotter, 1966; Luszczynska and Schwarzer, (2005),). Interestingly, Rotter (1966) refers to the term ‘locus’ as the location where control resides. That is individuals are either categorised as having an internal or external locus of control, or are placed on a continuum within each dimension- mean that those with more of an internal locus of control believe that events result primarily from their own behaviour and actions. While those with more of an external locus of control believe that powerful others determine events (Rotter, 1966 cited in Ryon and Gleason, 2014).

My own findings suggests that some people at the Sanctuary Church consider that their ill health is caused only by the devil and therefore can be understood as experiencing an external locus of control. In contrast some people in the Sanctuary Church have attended both their local doctor delivering biomedical health care and yet they attended the Sanctuary Church for healing. Therefore may hold both internal and external locus of control.

Many researchers have conducted research on control as a trait-level (e.g. such as Cunningham et al. 1991, Gale et al., 2008, Keeton, et al, 2008) and particularly how one's 'control orientation' mitigates the effects of various life events especially as it relates to health and well-being. For example, an internal locus of control in late-stage cancer patients was found to correlate positively, with a positive mood (Cunningham et al., 1991) and conversely a more external locus of control is often associated with anxiety and depression among cancer patients (Martin, & Saleh, 1984; Sandler & Lakey, 1982; Shapiro & Shapiro, 1983).

In addition, the locus of control has been shown to influence the degree to which individuals experience stress with individuals who believe that they have control of their own lives experiencing less stress (Lefcourt, Martin, & Saleh, 1984; Shapiro & Shapiro, 1983; Ryon and Gleason, 2014). Sandler and Lakey (1982, Ryon and Gleason, 2014) found that while those with an external locus of control receive a greater quantity of support than people with an internal locus of control, the stress-buffering effect of support is evident only for people with internal locus of control. This suggests that having a internal locus of control is not only damaging because it lessens one's ability to personally contend with stressors and may erode one's ability to marshal help when contending with stressful events.

My research goal was to establish why people go to the Sanctuary Church for healing instead of medical services when they experience psychological, emotional issues and physical health problems. My field work data seems to suggest that some of the people in the Sanctuary Church have a strong belief in an external power and locus of control. Although some of the informants in my fieldwork had accessed the NHS before attending

the Sanctuary Church and therefore have indirectly agreed to the biomedical models of care/interventions. Some people seem to have a belief in the power of the devil as being the cause of their misfortunes. Thus, it could be argued that, the locus of control theory affects the decision making of the people in study.

7.3.2 Help seeking

Because my research question seeks to understand why people attend the Pentecostal Church for their health concerns, I felt it would be important to examine the concept of helping-seeking behaviour. The term 'helping-seeking behaviour' has been discussed by many different writers, for example, Nadler (1987: p.57), suggests that it is '*a three way interactive process that involves the recipient, the helper and the task or problem*'. He suggests that help-seeking involves three distinct elements: the person who is looking for help, the problem for which help is sought and the individual from who help is required. Seeking help therefore has been defined as a process that begins in response to a problem that cannot be solved or improved alone and involves the active pursuit of and interaction with a third party (Rickwood et al., Waltz, Strickland and Lenz, 2005; Bamberger , 2009). Other writers, such as Cornally and McCarthy (2011), have suggested that help-seeking behaviour involves complex decision-making process, instigated by a problem that challenges personal abilities. However, as Lee (1997) suggests, a fundamental attribute of help-seeking behaviour is that it requires the problem to be recognised because without this, no help can be given. However, some help-seekers will only seek help after failed self-management while others seek help as a first response. Although it might be suggested that anyone who seeks help either formally or informally, is requesting assistance with a problem that challenges personal abilities. Nonetheless, Barker (2007) argues that help-seeking behaviour is not a single action and suggests that it may be instrumental in terms of sourcing treatment or solving a problem or simply understanding something better; where an individual asks someone to hear them, as they rehearse their concerns and or emotional where the individual receives guidance on better coping strategies. This concept of Baker (2003) may offer some insight as to why people attend the healing services at the Sanctuary

Church. It is possible, as Baker (2002) suggests that they may not be simply seeking healing but some or all of the aspects above. Moreover, as Price (2016) purports, help-seeking behaviour can also define the identity of the help-seeker because when we seek help, we represent ourselves in different ways such as needy or weak, or alternatively as rational and sensible. This is interesting because it moves the idea of help-seeking behaviour beyond a pragmatic response to a specific situation. Price (2016) seem to suggest that the process of seeking help fulfils a 'performative' role because we need to consult on a problem this can be perceived as demonstrating a person's rational response to problems. As I shall discuss in some detail later in this study, the help-seeking behaviour of many of the congregation attending the Sanctuary Church is influenced by their shared belief that ill-health and misfortune happen because of the actions of the devil. Therefore, not only is attending the Sanctuary Church for healing a logical thing to do as God is deemed to be able to cure the works of the devil. Yet it is also performative, as congregation members attending the 'healing service would be seen to be doing the right thing and the very act of seeking healing in the Church would reinforce the identity of someone as a being a Pentecostalist.

Some of the people who attended this Church seem to suggest that their physical, psychological and mental distress has been caused by personal issues such as relationship breakdown or economic reasons (for example they cannot get work) and political explanations (for example regularising their immigration documentation). An example from my ethnographic data is that whilst I was conversing with Kwame, a regular attendant at the Sanctuary Church reflected;

"You know Freestyle community is a very poor area to live. There are not many jobs in this area and a lot of us living here are unemployed. A lot of us live in Council accommodation, maybe because there are a lot black people living here, nobody seems to care about those of us who live here"

What is significant in Kwame's words is the fact that it seems to demonstrate some of the social and political reasons for his mental distress are due to bullying at work and others

are due to unemployment. Also, from my qualitative data interview, Bibi, explained how she legalised her immigration status in the United Kingdom. She reflected;

“The Home Office asked to leave this country because I did not have the right papers to live and work here and I was very depressed for a long time for about five years. My friend brought me to this Church about seven months ago and Pastor prayed for me. Also, Brother Daniel in this Church helped to write an appeal letter which I sent to Home Office about five months ago. Last month, I received a letter from the Home Office to say that they have granted me an indefinite leave to remain in this Country. Praise God for Pastor John...!”

Indeed, as Weiss and Heyman (1997) posit, people explain their distress in a multitude of ways, often blaming social circumstances, relationship problems, witchcraft, or sorcery or broken taboo and I would suggest that people often use a combination of factors but for many people attending the Sanctuary Church it is the devil who seems to account for misfortune.

7.3.3 Sanctuary Pentecostal Church and the production of community in the African diaspora

As I mentioned in Chapter six (Theatre of dreams), most of the people who attended the Sanctuary Church considered it as a place of worship. However, for some of the people, above that the Sanctuary Pentecostal Church building played many roles in the Freestyle community. The Church building was not just a sacred place of worship but also a social space where some people found a sense of community. Some saw the Church building as a place where they can talk freely about getting healed from their mental and physical illnesses. It is a non-judgemental space where people can come and feel accepted. From my qualitative interview data, Mrs Dako described the nationalities of some of the people who attend the Sanctuary Church and a feeling of sense of belonging. She reflected;

“.....we have a lot of Africans living here in London you know, this place is like back home, in this Church we have people from Congo Brazzaville where I originally come from, Rwanda, Ghana, Nigeria, Kenya, Benin, Zimbabwe, Uganda, Zambia, Benin and South Africa. I can't remember all of them but I know we have people from every part of Africa in this Church and we try to support each other because we all have similar problems you know!”

Also, from the ethnographic data, I was talking to Daavi, one of the women who served food in the Church. After one Church service, in her usual friendly way and with a broad smile on her face, she stated;

“When we come here, we are able to socialise, we don’t get the time in this country and most of us live lonely life in our homes with no families. For me socialising like this is important to me because I am in a foreign country although I have lived here for over twenty years. This is the only place I feel comfortable to talk to many people. When I come to this Church, I meet other people from my country and we sometimes also talk about what is going on back home. I can’t lock myself in my room with just my daughter. If I had not met this sister who introduced me to this Church, my daughter would not have been healed, so for me apart from my daughter receiving her healing, coming here is a way of socializing”.

In a sense, the Sanctuary Church was much more than a sacred space or physical space. It is a conceptual space where people feel liberated. Thus, it is not about the building, it is about the community coming together, there was an atmosphere of supportiveness and understanding among the people in this Church. Thus, the Church was seen as a place of solace and community.

Furthermore, as I mentioned in Chapter six, food was often served by some of the women in the Church after the service had ended. Some African and Western pastries; biscuits, sandwiches, fried plantain, fried cassava, homemade African cakes, African doughnuts and hot and cold drinks were shared and eaten in a very relaxed atmosphere. This act of sharing can be seen as a symbolic sign of unity in this community, a genuine out pouring of community spirit both during and after the Church service had ended. From my qualitative interview data, Mrs Clara, reflected;

“The food is free you know, even though we are all from Africa, we have different cultures and are from different nations. We have Ghanaian food, some Congolese food, some Nigerian food and some Zimbabwean. All the African food you see here taste different you know....”

While the eating and drinking took place, there was some form of trading inside the building after the healing service had ended. There was also buying and selling, women were selling scripture books, bottles of what they described as “*anointed oil*” and “*blessed bottles of Ribena drink*” on most Friday and Sunday services. From my ethnographic data, I was

conversing with Mrs Nyarko, one of the women who traded in oil and drinks after the church has ended. She reflected;

“...these are bottles of anointing oil and Ribena drinks which Pastor John has blessed. Today I only have the small sizes which are only £5.00 each. You can use on your body if you have any problems or illness, it is very powerful”.

I did note in my field work notes that the scenes in the middle of the Church at the end of services, can sometimes look like a market place where people are involved in trading talking and eating, which in many ways also illustrates the fluidity of the ‘sacred space’.

From my qualitative interview data, Mr Tandi reflected;

“Those women you talked about brought those African textiles from Africa to sell here in this country. Sometimes when you wear an African cloth/textile to Church and people see you are wearing African clothes, they ask you where you bought them from and say things like oh, I like it, and could you get me one? And so this encourages some of the women in this Church to engage in selling African clothes. So people will say ok then, I will go and bring some clothes from Zambia, Ghanaians, Congo, and Uganda to sell”.

A real sense of community spirit among the people was exhibited to me during and after the service.

There were other activities held in the Church building during the week and they promoted a sense of community. Some members of the congregation expressed some practical benefits, which they had received and continued to receive since they started attending the Sanctuary Church. From my qualitative interview data, Mrs. Dako reflected;

“Everything happens here, even people looking for husbands and wives, jobs, they all get what they want from him (referring to the Pastor John), and so it’s not just healing that is taking place in Sanctuary Church. When we come here It also makes us love, togetherness, you know, eat with each other, we show love to each other, it is even in the Bible, God, you know, It makes you feel happy and it gives us a sense of identity. Sometimes after the Church meetings you have conversations with people and through the conversations, you get to know a lot more about what is going on in this community. Somebody can come to you and say, oh, maybe I’m looking for a job and somebody can recommend a person who could help you. It all helps you know. You make new friends. I know one brother whom I met when I started coming to this Church and he told me that apart from receiving his healing for his illness, he also found a woman to marry in this Church and Pastor John blessed their wedding. Now he is employed by the Church and he is one of the men who travel with the Pastor everywhere he goes”

In addition, the Sanctuary Church building was also used as a venue for training when the Church was not being used for praise (religious activity). The building was used to provide free English as a Second Language and basic training in Information Technology for members who needed this training. Members of the congregation who had expert knowledge on immigration, accounting and writing curriculum vitae and interview skills took turns to offer free regular advice and support to members on different days during the week in each month. From my ethnographic data, I was conversing with Kofi, a regular attendee to the Church, he told how he got a job as an administrator in the local hospital through the training and advice which some members of the congregation who provide voluntary professional support in Church. He reflected;

“I did not know how to type on the computer and did not understand how to support people in the hospital as a carer but I thank God for Sister Mavis and brother James who helped to learn how to type things on the computer, coached and gave me a reference when I applied for my current job as Porter in the hospital. Thank God for the leaders in this Church”

Therefore, from my fieldwork and interviews it was clear that the Church offered more than simply a place of worship and healing as it brought people together through the various social activities. It seemed to me because most of the people who attended the Sanctuary Church had similar diasporic experiences, the Church fulfilled an important social function and supported people's integration into the larger Christian community.

However the construct of community has been widely debated in the literature and Neal (2014) defines a community as a group of people who, firstly, interact with one another for example, as friends or neighbours, secondly that this interaction is typically viewed as occurring within a bounded geographic territory such as neighborhood or city. Neal (2014) also highlights how that community members often share common values, beliefs, or behaviors. However, in many ways this construct seems limited because, as I suggested earlier in this chapter, with the advent of the modern diaspora, there also seem to be 'global communities' and the Sanctuary Church certainly portrays itself as part of a global community, both in terms of the links that the Sanctuary Church has with the wider

Pentecostal movement and also in terms of the international congregational membership. While it was beyond the scope of this thesis, it would have been interesting to know if the very fact of belonging to the community at the Sanctuary Church supported people to feel a great sense of belonging in the wider community. However, it did seem apparent from my data that belonging to the community of the Sanctuary Church did in itself seem to promote well being, as evidenced by the laughter and the joy people expressed in the sharing food, talking and trading as part of the community activities and clearly this had the potential to promote the development of friendships and new bonds. In addition, as the Church offered social support by helping people to find employment and address their concerns about legal issues such as visa applications, this has the potential to promote peoples health and well-being. So although the focus of this study has been on the healing service in the Sanctuary Church, it is clear that the community that they have built around the Church also acts to promote health and wellbeing.

7.3.4 Summary

From the discussion above, it could be suggested that the Church bonds the people together or enabled them to carry on. Most of the people who attended the Sanctuary Church had similar diasporic experiences and therefore as part of their integration into the larger community, for some, it was a case of 'move with the people that I know'. I have used intersectionality to address the shared experiences of the people in my study, with some focus on gender relations within the Sanctuary Church. Although both men and women in the Sanctuary Church did not talk about the roles of men and women in the Church hierarchy, it became apparent during the writing up of my thesis, that this may have been a useful area for research and it may be an important topic for future studies.

My research highlighted the importance of the 'healing service' the Pastor and the role of the church in community and there was a strong evidence of community support during sharing of testimonies in some of the healing services, which, promoted a genuine

outpouring of community spirit. In a sense there was a shared language, shared belief and some of the people seem to portray the Church building as a place of safety where they found ties that bound them together. In my next and last chapter I will discuss the implications of my research findings.

Chapter 8: Implications of my findings

8.1 Introduction

The aim of my study was to investigate why people who originated from Sub-Saharan Africa come to a Pentecostal Church in London to seek help for ill health'?

Because I wanted to understand peoples' beliefs and practices I conducted an ethnographic study in the Sanctuary Pentecostal Church in London for an eight-month period. This gave me the opportunity to participate in the activities of the church, observe the healing services and interact with the community. I was also able to conduct some interviews with members of the congregation that enabled me to both clarify my own understanding of the practices of the Church, as well as to listen to the perspectives of individuals and I used this approach as I thought it would help to ensure the integrity of my findings.

The value of the thesis is in the new research data it presents and in the important argument developed about the African Pentecostal conception of health and healing, in which physical health is understood as part of a wider set of social and personal ills. Healing of the body is understood as the locus of struggle between external forces, which can be combated through embodied personal and social practices of faith.

8.2 Overview of the thesis

The first three chapters of this thesis attempted to establish the context for my study. I sought to identify some of the key themes concerning globalisation, mass migration and the African diaspora in London. In chapter two, I focused on migration from Sub-Saharan during the pre-colonial period, the colonial era and the post-independence era. Additionally, the chapter, examined the Atlantic and African diaspora, and specifically focused on the African diaspora in London.

In chapter three, issues discussed included the key concepts of spirituality, religion and the rise of Pentecostalism; the role of the church in Africa. Consideration was also given to the literature concerning the rise of Pentecostalism in Africa and the role of the church during

pre and post-colonialism, as well as the growth of Pentecostalism in the United Kingdom. The introduction and these first two chapters were designed in order to establish some of the contextual issues relating to the African diaspora in London and more specifically to establish an understanding of Pentecostalism in the global and local settings.

In chapter four, I reflected on some of the literature that explored the relationship between religion, spirituality and culture and how they influenced health beliefs and help seeking behaviour. I also illustrated the relationship between these concepts. Significantly, these concepts helped to establish the context of my own research. Furthermore, this chapter also reflected on some of the debates concerning healing in Pentecostalism and some critiques of Pentecostalism.

In my methodology, (chapter five-part 1) I sought to outline the dominant paradigms (positivism and interpretivism) and discussed the methodological approach used for my own study. I felt that the research lent itself to interpretivism and more specifically, ethnography, because I wanted to know why people sought healing in a Pentecostal church. Using ethnography as the strategy for my study has helped me to provide a holistic explanation of what I observed, which focused on the processes and relationships that lie behind the surface events. It also offered a rich source of visual data and it helped me to put things in context, rather than abstracting specific aspects in isolation. My ethnographic work offered me the opportunity to both participate and conduct overt, direct observations of the healing services and the congregation and the Pastor in the Sanctuary Church for a period just over eight months. I was able to watch what happened, listened to what was said, feel, smell and immerse myself in the Church, as well as being able to ask questions and clarify issues in order to develop a deeper understanding of why people attend the Sanctuary Church for healing.

In part two of chapter 5, I focused on my research methods and here I wanted to identify some of the challenges that I faced in trying to enter the field (the Church) and issues of informed consent in a large community setting, as well as mapping out my fieldwork, data collection processes and my approach to data analysis. In this chapter, I also discussed my role as a participant observer in the Sanctuary Church, as well as the interviews I conducted.

I used these interviews to help enrich my understanding of my fieldwork as well as clarify issues, which I had previously recorded in my field notes but not necessarily fully understood. Furthermore, in this chapter I discussed some of the personal and spiritual challenges that I experienced during my ethnographic fieldwork.

The final two chapters (chapters, seven and eight) focused on the findings from my ethnographic fieldwork and the data analysis. My ethnography has enriched my personal journey in understanding about the role of religiosity, spirituality and healing. For instance in chapter seven, I highlight the fact that a belief in the role of God and the devil in health was a central tenet of the belief system used by the congregation attending the Sanctuary Church. Moreover, if as my findings suggest, people in the congregation considered the cause of ill health and misfortune to originate from the devil, and that relief/salvation from this suffering can be found in God, and I suggested that it would then follow, that seeking help from the Church for illness and misfortunes would be a logical response. Moreover, my findings also indicated that Pastor John was a charismatic leader who played a very significant role in the healing process at the Sanctuary Church. Indeed, the Pastor seemed to play multiple roles in the healing processes that take place in the Church, ranging from being the spiritual leader of the church, a healer, the Church director and a man of God. However, at times, members of the congregation seem to confound his role between seeing him as a conduit of God to offer healing and actually being the source of healing. In this chapter I also identified some of the other dynamics of healing in the Sanctuary Church including the role of communal singing and the creation of collective effervescence, the role of objects in healing (for example the use of Ribena, cloth and oils, speaking in tongues, casting out the devil), as well as the use and construct of sacred space. In addition, I identified that the Church also plays a wider role of healing outside of the church services, by offering a place to find friendship, community, support and advice.

8.3 Implication

My research findings suggest that primarily people go to the Sanctuary Church because their beliefs concur with the beliefs of the Church. Thus, some people find reinforcement of

what they believe and their shared belief about the roles of God and the devil in their lives. Significantly, because members of the congregation locate the origins and causes of ill-health and misfortune as coming from the devil and the cure for unfortunate events to be located with God, for many people in the congregation, 'the locus of control' for both health and illness existed outside of their biological bodies and their own agency. Consequently, it seems logical that people who share these beliefs would turn to the Sanctuary Church for healing. However, my findings also suggested that some of the people who attended the Sanctuary Church to seek healing, had also been to see a doctor or psychiatrist in the National Health Service and therefore, it seemed that some people may hold contradictory beliefs about the origins and treatment of illness. Although as James one of the regular attendees at the Sanctuary Church suggested, for some people it is possible to reconcile these conceptual differences as he described how it '*is God who gives the doctors wisdom to do what they do*'. Interestingly, in a way, this approach reflects my own beliefs in that I while I am trained as a nurse, I also go to a Pentecostal church and while my professional practice is based in the secular world I also believe that God has the power to do anything. Issues such as these, have raised some interesting challenges for me during my research journey and at times, I have struggled with trying to understand other peoples spiritual and religious beliefs and trying not to interpret them through my own lens of my Pentecostal beliefs that differ subtly in terms of belief but rather differently, in terms of some of the practice in the Sanctuary Church service.

8.3.1 The aetiological models of mental and physical illnesses

My findings suggest that for most people in the Sanctuary Church, both physical and mental illnesses have a spiritual cause and the devil appears to be the main force behind such illnesses, which is understood as originating from external causes. However, my ethnographic study also suggests that the need for healing or deliverance is not merely a response to physical and mental illnesses but can also be a response to other social forms of distress caused by both personal, local and global factors. It appeared from my fieldwork that people constructed the devil's work in different forms. For example he was described

as being responsible for poverty, unemployment, lack of immigration papers, as well as health concerns. On reflection, it seems that one of the challenges of this health belief system is that it risks ignoring the social determinants of health, such as social inequality, racism and discrimination.

8.3.2 Help-Seeking

One of the key findings from my study is, that if people hold an aetiological model that accounts for illness and misfortune as existing in the spiritual world, then health professionals need to think more deeply about their approaches to care and notions of help-seeking behaviour. Indeed, much of the existing literature on health and help-seeking behaviour seems to assume that people need support in accessing the National Health Service, and yet my own study indicates while some people may use the NHS and still went to seek healing in the Sanctuary Church, while others will only sought help from the Church. The debate here is not whether Pentecostal healing works, or not, but why people turned to the Church for healing and social support and what benefits they receive from that experience and my research has indicated that this is due to their belief system about the origins of illness and misfortune.

8.3.3 Role of the Sanctuary Church and significance of the church in the community

Another one of my core findings suggests that the Church plays an important role in building community and offering a place of friendship and support. In many ways, because the Church builds a strong sense of community, by default, the Church helps to address some of the social determinants of health inequality for example social isolation and loneliness, as well as supporting individuals and building capacity (e.g. by helping with job applications and applications for citizenship and visas). Although the people who come to the Sanctuary Church originate from different nations in Sub-Saharan, it was clear in talking to people that the Church offered a space not only for spiritual activities but also an opportunity for making friends and finding a welcoming community. Indeed, at the end of healing services and other services, I frequently experienced a genuine outpouring of warmth and community spirit, as

people found a space to speak together in their home languages, shared food and laughter, as well as trading in objects that would be familiar in their home country. However, although there were very considerable differences among the people in the Church community, in terms of the languages spoken by the different nationalities within Sub-Saharan region, as well as cultural dress, specific foods and some cultural mannerisms, they all shared a common belief in God. This linked people together as they shared their religious beliefs through a process of praise, clapping, singing and dancing together, and by other cultural forms which created a supportive space for people who might often find themselves living in the margins of the dominant culture. Indeed, I might suggest that this coming together of people enables some members of the Church and local community at large, to fulfill their potential and improve their quality of life which could lead to producing lasting benefits, such as promoting good public health, (social, economic, political) for the individual and the community, although I cannot necessarily assume this is from my data.

8.3.4 Speaking in tongues

My research findings also links to other studies that have looked at Pentecostalism such as issues around speaking in tongues and the role of the Church for people who are marginalised. As I suggested in my findings, other writers have also argued that the 'Holy Spirit' and the act of speaking in tongues is a distinctive in Pentecostal practice and this was clearly evident in my own research findings. Indeed some writers have suggested that this free form of expression requires no authorisation or status and this can be especially important for non-literate people, as it gives them freedom of self-expression.

8.3.5 Construction of meanings of illness and adversity

My study also contributes towards the wider healing studies literature and my own work concurs with findings by some writers, who suggest that churches have an important role in assisting members to conceptualise the nature of their physical and emotional suffering and

that they are central agents in the construction of the meaning of illness and adversity. Earlier in my thesis, I suggested that traditional healing has a long history in Africa and scholars have posited the belief that sickness and misfortune could result from both natural and mystical causes is often found in African traditional religions. Just like the adherent of African traditional religions, Pentecostals also believe in natural causality. However, in both contexts the lines between natural and spiritual causes of sickness and misfortune are not that sharply drawn. Some writers argue that this explains why the African Pentecostal/Charismatic theology, of which the Sanctuary Church is an example, generally hold the process of healing from sickness and the deliverance from demonic influence together in an inseparable manner.

8.3.6 Spaces in Pentecostal healing

Earlier in my thesis (chapter two), I outlined some of the debates concerning the concept of diaspora and African migration. Although I wrote the first draft of this chapter earlier in my PhD process, it turned out to be more significant than I originally envisaged, because I was to read the work of Doreen Massey and her theory concerning the idea of a “global sense of place” (1994:146-156). Massey suggested that places can be thought of as constituted through “intersecting trajectories, and not as static, bounded containers” (Massey 1991:277), in other words, Massey seemed to suggest that there is an increasing fluidity in the construct of physical or conceptual space and that the divide between the local and the global have become blurred. Indeed, as I suggested in the discussion of my findings when we are thinking about space in the Sanctuary Church, its physical boundaries (i.e. the building and the use of space within the building) does not set the boundaries of the Church. That is because the majority of the congregation originate from various countries in sub-Saharan Africa and therefore the global is not ‘out there’ and the local ‘here’ but that places are defined as simultaneously part of both global and local connections. This was a very important insight, not only because the congregation originated from sub-Saharan Africa, but also because they have reconstructed a pan-African community around and within the

Church and the Sanctuary Pentecostal Church itself is also linked to Africa and can be understood as part of a global Pentecostal movement.

8.3.7 Limitations of the study

The findings in this thesis were obtained from people who attended one Pentecostal Church. Unfortunately because of the scope of this thesis, it is not possible to generalise about other Pentecostals who do not attend the Sanctuary Church.. Another limitation which I have already mentioned in chapter 5.2.9 of this thesis, is that although I did not want to miss anything during the services, there were a couple of occasions during a service when I came out because there was so much to see and write. There were also a number of occasions during my observations when I felt very tired and exhausted and occasionally I even dozed off during the service. Although, this happened only a few times during my fieldwork and while taking short breaks during those two services helped me to refocus my mind on activities in the services, I could have potentially missed vital data in terms of my observations and also what some of the people shared during the healing services.

A third limitation of this thesis which is mentioned in my discussion in chapter six is that both level one and two coding were conducted manually and on paper before using computer software. Because of the large amount of data that I collected and the fact that analysis of my ethnographic notes was a process that lasted for eight months, I found out that sorting my data manually was always a complex operation. It is easy to forget the details of work previously coded and I also noticed that on a few occasions I was not always consistent in the assignation of codes to my field notes and so to ensure reliability in the classification and to prevent confusion in building a consistent theory and avert a potential problem to my research findings I amalgamated the data before analysing (I rechecked my hand coded data before I amalgamated in the MAX QDA software).

8.3.8 Conclusion and personal reflections on my research

My research journey and my ethnographic fieldwork have enriched my intellectual knowledge, my professional practice and my work as a lecturer. However, the process has been a challenge for me, not least because of some of the conflicts between my own belief system and what I witnessed in the Sanctuary Church. However, I consider that my own situated position as a researcher who is a Pentecostal, Black and an African migrant was beneficial to me and I think these characteristics helped me to collect rich, textual data from the field. As a Christian of a different Pentecostal background, I have found the different articulation of God and the devil in the Sanctuary Church caused a tension for me theologically and at times, I have felt uncomfortable with some of the explanations that people used in my fieldwork. For example, the construction of the devil in the Sanctuary Church, which implies that the devil makes people do bad things. My understanding of this is, that this explanatory approach could be used to allow people to abdicate from a responsibility for negative acts. Indeed, this had deeper implications for the ways in which people constructed their understanding of what happened in their lives, and it was very interesting to see that people often blamed the devil for every misfortune that happened to them. Consequently, this worldview has the potential for constructing people as the agents of God and the devil, rather than individuals in their own right.

Furthermore, I found some of the beliefs intriguing and fascinating and sometimes I found myself reflecting on some of the pragmatics of spiritual issues, such as, how witches can travel abroad from the Democratic Republic Congo to London (without an aircraft and a travel visa)? Clearly, while these were not issues of academic concern but they did challenge me, in terms of trying to understand other peoples' belief systems. Additionally, I also struggled with some practices in the Church, for example, I fail to understand why some members of the congregation believed that Ribena blackcurrant drink and oil could help heal them. Moreover, at times I was intrigued by some of the comments made during the testimonies in the healing service time and I was especially surprised to hear that Pastor John described an incident of gang-on-gang killing among some teenagers living in London,

as the 'devil's attack'. I was also amazed by the Pastors comments at one point when he alluded to the fact that this 'attack of the devil' was only happening to 'black children'. Indeed, I found these kinds of discussions in the Church both interesting and very worrying at the same time.

8.3.9 My contribution to knowledge

Through my original research, I identified a number of key issues that I consider, make a significant contribution to knowledge.

Embodied healing: My research suggests that health and the body are multiply constructed and that while the body may be the focus of health practices in biomedicine, the person who is sick is often a passive recipient of medical knowledge and practice. In contrast, within the Sanctuary Church, healing is very visceral for example, the laying of the hands by the Pastor, people screaming and falling on the floor, and the using of oil, cloths and drinks, and these features are all concerned with the embodied experiences of healing where the person who is sick is viscerally engaged with the healing process. I think this is a significant finding, in that the body is used as the source for praising God and experiencing God and it is also the receptacle for illness and maleficent events. Although the body is constructed as the conduit for these events, it is not where those things naturally reside because God and the devil are considered as being outside of the body. Therefore, in the healing service the body is used as a conduit to address these processes.

How people account for the origins of illnesses are influenced by religious and spiritual beliefs and this informs peoples' help-seeking behaviour: At the heart of my research question, I wanted to know why people attended church for health concerns. My research found that primarily, people go to the Sanctuary Church because their beliefs concur with those of the Church and many people, find a reinforcement of what they believe and their shared belief about the roles of God and the devil in their lives within the practices that occur inside and outside of the Church. Significantly, because members of the congregation locate the origins and causes of ill-health and misfortune to come from the devil, and the

cure for unfortunate events to be located with God, for many people in congregation, 'the locus of control' for both health and illness was deemed to exist outside of their biological bodies and their own agency. Consequently, it seems logical that people who share these beliefs would turn to the Sanctuary Church for healing. However, my findings also suggested that some of those who attended the Sanctuary Church to seek healing, had also been to see a doctor (or a psychiatrists) in the National Health Service and therefore it seemed that some people may hold contradictory beliefs about the origins and treatment of illness. In an increasingly multicultural society, it is important for health practitioners to understand the complexity of people's health beliefs and practices. Therefore, I consider my thesis will have contributed to knowledge by increasing our understanding of why people might seek help for health concerns within a Pentecostal church.

8.3.9.1 Further Studies

This has been a long and interesting intellectual journey and I envisage my future research and publications will continue to focus on the practices of Black and Minority Ethnic (BME) communities in relation to their beliefs relating to aspects of health and education. In future, I would like to publish my findings in sociological and healthcare journals and publications.

References

- Abdullahi A, A., 2011. Trends and challenges of traditional medicine in Africa. *African Journal of Traditional, Complementary and Alternative Medicine*. 2011;8 (5 Supplement):115-23. <<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3252714/#R20>>
- Achanfuo-Yeboah, D., 1993. Grounding a Theory of African Migration in Recent Data on Ghana. *International Sociology*[e-journal]8(2),pp.215–226.
<<http://journals.sagepub.com/doi/pdf/10.1177/0268580993008002005>>
- Acker, S., 2012. Charing and Caring: Gendered discussions of Leadership in academe. *Gender and Education* 24(4)pp.411-428.
<<https://www.tandfonline.com/doi/abs/10.1080/09540253.2011.628927>>
- Adepoju, A., et al., 2014. *International Migration and National Development in Sub-Saharan Africa: Viewpoints and Policy Initiatives in the Countries of Origin* [e-book] BRILL. Available through: Anglia Ruskin University Library website <http://libweb.anglia.ac.uk> [Accessed 9 November 2018]
- Adepoju, A., ed., 1997. *Family, population and development in Africa*. London: Zed Books.
- Adjaye, J.K., 2001, 'The performativity of Akan libations: An ethnopoetic construction of reality', *Ghana Studies* 4, 107–138.
- Adogame, A., 2010. From house cells to warehouse churches? Christian Church Outreach Mission International in translocal contexts. In *Travelling Spirits. Migrants, Markets and Mobilities*. G. Hüwelmeier and K. Krause, eds. Pp.165-185. New York and London: Routledge.
- Adogame, A., 2004. Contesting the Ambivalence of Modernity in a Global Context: The Redeemed Christian Church of God, North America. *Studies in World Christianity* 10(1):25–48.
- African American Policy Forum. (n.d.). *A primer on intersectionality*. Los Angeles, CA: Author. Available at: <http://www.whiteprivilegeconference.com/pdf/intersectionality_primer.pdf>
- Agamben, G., 2005. *State of exceptions*. Chicago: Chicago Press.
- Agawu, K., 2007, 'The communal ethos in African performance: Ritual, narrative and music among the northern Ewe', *Trans. Revista Transcultural de Música* 11(Julio), 3–4.
- Ahlbäck, T., Dahla, B., 2010, *Religion and the Body*. Pargas, Finland. Tibo-Trading Ltd
- Ahmed, A.S., Shore, C., 1995. *The future of anthropology: its relevance to the contemporary world*. London: Atlantic Highlands.
- Aisbett, E., 2007. *Bilateral Investment Treaties and Foreign Direct Investment: Correlation versus Causation*. MPRA Paper No. 2255. University of California at Berkeley.
<https://mpira.ub.uni-muenchen.de/2255/1/MPRA_paper_2255.pdf>
- Ajima O.M., Ubana, E.U., 2018. The Concept of Health and Wholeness in Traditional African Religion and Social Medicine. *Arts Social Sci J* 9: 388. doi: 10.4172/2151-6200.1000388
- Ajzen, I., 1991. *The theory of planned behaviour*. *Organizational Behaviour and Human Decision Processes*[e-journal]50(2),pp.179–211.
<[https://doi.org/10.1016/0749-5978\(91\)90020-T](https://doi.org/10.1016/0749-5978(91)90020-T)>
- Akyeampong, E., Hill, A. G., Kleinman, A., 2015. *The Culture of Mental Illness and Psychiatric Practice in Africa*. Indiana: Indiana University Press.
- Akeyampong, E., 2000. Africans in the diaspora: the diaspora and Africa. *African Affairs*, 99, 183-215
- Aleem, S., Jaan, U., 2011. *Religiosity and depression among suicide ideations and non ideators*. [pdf] Available at: <https://www.researchgate.net/.../288462470_Religiosity_and_depression_among_suicide.pdf> [Accessed 21 March 2017].
- Alexander, P., 2009. *Signs and Wonders: Why Pentecostalism Is the World's Fastest Growing Faith* Jossey-Bass: San Francisco.
- Alexander, K and Bowers, J., 2013. *What Women Want: Pentecostal Women Ministers Speak For Themselves*. Seymour Press USA
- Alexander, E., and Yong, A., 2009. *Philip's daughters: women in pentecostal-charismatic leadership*, Pickwick Publications, Eugene.

- Alexander, C. E., 2000. *The Asian Gang: Ethnicity, Identity, Masculinity*. New York and Oxford: Berg.
- Alfonso, C., Kokot, W., Tölölyan; K., 2004. *Diaspora, identity and Religion: New Directions in Theory and Research*. [pdf] Available at: <<https://gpreview.kingborn.net/582000/9b9fa21cc1524164b3083f78ed950a9a.pdf>> [Accessed 14 March 2018].
- Allen, I, Allen, S, 2016. *God Terms and Activity Systems: A Definition of Religion for Political Science*. *Political Research Quarterly*, [journal] 69(3) pp. 557–570. journals.sagepub.com/doi/abs/10.1177/1065912916654014.
- Allen, N.J., Pickering, W.S.F., Miller, W.W. eds., 1998. *On Durkheims Elementary Forms of Religious Life*. London: Routledge.
- Altinordu, A., 2010. The Politicization of Religion: Political Catholicism and Political Islam in *Comparative Perspective*. *Politics & Society* 38(4), pp. 517–51. journals.sagepub.com/doi/abs/10.1177/0032329210381238. [Accessed 12 December 2017].
- Anarfi, J. K., and Kwankye, S., 2005. 'The Costs and Benefits of Children's Independent Migration from Northern to Southern Ghana'. Paper presented at the International Conference on Childhoods: Children and Youth in Emerging and Transforming Societies. Oslo, Norway.
- Anarfi, J. K., and Awusabo-Asare, K., et al. 2000. 'Push and Pull Factors of International Migration. Country report: Ghana. *Eurostat Working Papers* 2000/E(10).
- Anarfi, J. K., Kwankye, S. O. with Ofosu-Mensah Ababio and Tiemoko, R., 2003. Migration from and to Ghana: A Background Paper December 2003, *DRC Working Paper C-4*
- Andrews, I., 2003. *Equipped to Heal*. Columbus, GA:TEC.
- Anderson, A., 2015. *The origins, Growth, and Significance of the Pentecostal Movement in the Third World* <<http://www.artsweb.bham.ac.uk/aanderson/publications/origins.htm>>.[Accessed 18 November 2018]
- Anderson, A., 2013. *To the Ends of the Earth: Pentecostalism and the Transformation of World Christianity*. Oxford: Oxford University Press
- Anderson, A., 2010. *Studying global Pentecostalism: theories and methods*. University of California Press.
- Anderson, A., 2005. "Independent Churches and Global Pentecostalism, *Historical Connections and Common Identities*." In *Africa Identities and World Christianity in the Twentieth Century*, edited by Klaus Koschorke in cooperation with Jens Holger Schjorring. Wiesbaden: Otto Harrassowitz.
- Anderson, A., 2004. *An Introduction of Pentecostalism: Global Charismatic Christianity*. Cambridge: Cambridge University Press.
- Anderson, A., 2002. The newer Pentecostal and Charismatic Churches: The shape of future Christianity in Africa? *PNEUMA: The Journal of the Society for Pentecostal Studies*, 24(2), 167-184
- Anderson, A., 2002. "Pentecostal Approaches to Faith and Healing" *International Review of Mission XCI: PP.523-34*
- Anderson, A., Bergunder, M., Droogers, A., Laan, C., V., 2010. *Studying Global Pentecostalism: Theory and Methods*. Berkeley: University of California Press.
- Anderson, B., 2013. *Us and Them: The Dangerous Politics of Immigration Control*. Oxford: Oxford University Press.
- Anderson, A.H., 2001. Types and butterflies: African initiated churches and European typologies. *Int. Bull. Mission. Res.* 25:107-13
- Anderson, G. L., 1989. Critical ethnography in education: Origins, current status, and new directions. *Review of Educational Research*, 59, 249-270.
- Anderson, V., 2003. *Ontological blackness in theology*. In West, C., & Glaude, E. S. Jr. (Eds.), *African American religious thought: an anthology* (pp. 893–920). Louisville, KY: Westminster John Knox.
- Anderson, A., and Tang, E., 2005. *Asian and Pentecostal: The charismatic Face of Asian Christianity*. Oxford: Pegnum.
- Anderson, A., 1999. Introduction: World Pentecostalism at a Crossroads. In Allan. H. Ander and Walter, J. Hollenweger, eds. 1999. *Pentecostals after a Century: Global Perspectives on a Movemnt in Transition*. Sheffield:Sheffield Academic Press.

- Anderson, R. M., 1979. *Vision of the disinherited : the making of American Pentecostalism*. Oxford University Press.
- Andrews, I., 2003. *Equipped to Heal*. Columbus, Georgia: TEC Publica.
- Antia, O.R.U., 2005. *Akwa Ibom Cultural Heritage: Its Incursion by Western Culture and its Renaissance*. Uyo: Abnny Publishers.
- Anthias, F., and Yuval-Davis, N. 1983: Contextualizing feminism: Gender, ethnic and class divisions. *Feminist Review*, 15, 62–75.
- Anthias, F., 2002. Beyond feminism and multiculturalism: Locating difference and the politics of location. *Women's Studies International Forum*, 25, 275–86
- Anscome, E., Geach, P.T., (eds) 1970. *Descartes: Philosophical Writings*. London, Nelson
- Ansell, N, 2001. Producing Knowledge about 'Third World Women': The Politics of Fieldwork in a Zimbabwean Secondary School. *Journal of Philosophy & Geography* [e-journal]. 4(2) pp.101-116. <<https://doi.org/10.1080/13668790123027>>.
- Arnstein, S., 2003. "A Ladder of Citizen Participation" in LeGates, R. And Stout, F. (eds.). *The City Reader* (3rd ed.) Routledge, London, pp. 244 – 255.
- Appiah, K.A., 1992. *In My Father's House: Africa in the Philosophy of Culture*. New York/Oxford: Oxford University Press
- Appiah-Kubi, K., 1981. *Man Cures. God Heals. Religion and MEDICAL Practice Among the Akans of Ghana*. Totwa, NY: Allaheld, Osman & Co
- Asamoah-Gyadu, J.K., 2014. 'Therapeutic strategies in African religions: Health, herbal medicines and indigenous Christian spirituality', *Studies in World Christianity* 20(1), 83. <<http://dx.doi.org/10.3366/swc.2014.0072>>
- Asamoah-Gyadu, J.K., 2006. African Initiated Christianity in Eastern Europe: Church of the "Embassy of God" in Ukraine. *International Bulletin of Missionary Research*, 30 (2), pp.73-75.
- Asamoah-Gyadu, J.K., 2005. African Charismatics: Current Developments within Independent Indigenous Pentecostalism in Ghana. Leiden and Boston: Brill.
- Asamoah-Gyadu, J.K., 2004. Of 'Sour Grapes' and Children Teeth' Inherited guilt, human rights and process of restoration in Ghanaian Pentecostalism. *Excahnge*, 33(4) pp. 334-353.
- Asamoah-Gyadu, J.K., 1997. 'Missionaries without robes': lay charismatic fellowship and the evangelization of Ghana. *Pneuma* 19(2): 167-88
- Ashcroft, B., Griffiths, G., & Tiffin, H., 2002. *The empire writes back: Theory and practice in post-colonial literatures* (2nd ed.). London; New York: Routledge.
- Aspinall P.J., Chinouya M.J., 2016. *African Communities in Britain*. In: *The African Diaspora Population in Britain*. Migration, Diasporas and Citizenship. London: Palgrave Macmillan.
- Athanases, S. Z., Heath, S. B., 1995. *Ethnography in the Study of the Teaching and Learning of English*. [pdf] Available at: <<https://pdfs.semanticscholar.org/90ac/b2e9176db055ae086859379a10dc41912e.pdf>> [Accessed 10 March 2016].
- Atkinson, P., et al., 2007. *Handbook of Ethnography*. London: SAGE
- Atkinson, P., and Martyn, H., 1994. "Ethnography and Participant Observation." In *Handbook of Qualitative Research*. Ed. N.K. Denzin and Y.S. Lincoln. Pp. 248-260. Thousand Oaks, CA: Sage.
- Aull, D. C., 2008. *Reflexive Ethnography: A Guide to Researching Selves and Others* (The ASA Research Methods) New York: Taylor and Francis.
- Aull, D. C., 2012. *Reflective Ethnography: A Guide to Researching Selves and others*. Hoboken: Taylor and Francis, Chapter 3. Available at: <http://www.rareplanet.org/sites/rareplanet.org/files/Communities_of_Practice_The_Organizational_Frontier%5B1%5D.pdf> [Accessed 8 August 2017]
- Aylmer, G.E., 1987. *Rebellion of Revolution*. Oxford University Press. Oxford
- Ayonrinde, O., Gureje, O., Lawal, R. 2018. Psychiatric research in Nigeria: Bridging tradition and modernisation. *British Journal of Psychiatry*. [e-journal] 184(6), pp.536-538. <<https://doi.org/10.1192/bjp.184.6.536>>
- Aziza, R.C., 2001. "The Relationship between Language use and Survival of Culture: the case of Umobo youth". *Nigerian Language Studies*. No.4.

- Bailey, B.A., and Davidson, J.W., 2002. Adaptive characteristics of group singing: perceptions from members of a choir for homeless men. *Musicae Scientiae*, Vol. (2), pages 221-256
- Bailey, B.A., and Davidson, J.W., 2005. Effects of group singing and performance for marginalized and middle-class singers, *Psychology of Music*, 33 (3), 269-303
- Bailey, B.A., Davidson, J.W., 2002. Adaptive Characteristics of Group Singing: Perceptions from Members of a Choir for Homeless Men. *Musicae Scientiae*, 6(2), pp. 221-256.
- Bakewell, O., Bonfiglio, A., 2013. *Moving Beyond Conflict: Re-framing mobility in the African Great Lakes region. Working paper for the African Great Lakes Mobility Project*. [pdf. Available at <<http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.384.6122&rep=rep1&type=pdf>> [Accessed 16 April 2018]
- Baker, J. and T.A. Aina, eds., 1995. The migration experience in Africa. Uppsala: The Nordic Africa Institute.
- Barker, E., 1993. Charismatization: the social production of an ethos propitious to the mobilisation of sentiments. In: Barker, E., editor. *Secularization, Rationalism and Sectarianism*. New York: Beckford and Dobbelaere, Clarendon Press, pp. 181–202.
- Barclay, K., 2011. *Review of Fitzherbert, Dionys, Women, Madness and Sin in Early Modern England: The Autobiographical Writings of Diony Fitzherbert*. Edited with an introduction by Katherine Hodgkin. Farnham: Ashgate, 2010. H-Disability, H-Net Reviews. March, 2011
- Bar-El et al., 2000. Jerusalem syndrome, *British Journal of Psychiatry*, 176, pp.86-90.
- Barker, P.J. and Buchanan-Barker, P., 2004. *Spirituality and mental health: breakthrough*. Whurr Publishers.
- Barnes, D., 1978. Charisma and Religious Leadership: An Historical Analysis. *Journal for the Scientific Study of Religion*, 17(1), 1-18.
- Barnouw, J., 1989. Hobbes's psychology of thought: Endeavours, purpose and curiosity. *History of European Ideas*, [e-journal] 10 (5), pp.519-545. 10.1016/0191-6599(89)90161-7. <[https://doi.org/10.1016/0191-6599\(89\)90161-7](https://doi.org/10.1016/0191-6599(89)90161-7)>.
- Bartels, E., 2006. "Too many Blackamoors: deportation, discrimination, and Elizabeth I" *Studies in English Literature, 1500-1900*.
- Bartels, E., 2009. *Speaking of the Moor: From "Alcazar" to "Othello"*. Philadelphia, PA, USA: University of Pennsylvania Press.
- Bartlett, P. and Wright (edn.) 1999. *Outside the Walls of the Asylum: The History of Care in the Community 1750-2000*. Athlone Press. London.
- Barrett, D.B., 2008. Missiometrics 2008: reality checks for Christian world communions. *International Bulletin of Missionary Research*, 32 (1), pp.27+.
- Barrett, D., 2002. "Global Statistics," *The New International Dictionary of Pentecostal and Charismatic Movements*. Stanley M. Burgess. (ed.). Grand Rapids: Zondervan.
- Barrett, D., and Todd, M. J., 2001. *World Christian Trends AD 30-AD2200. Interpreting the Annual Christian Megacensus*. Pasadena, California: William Carey Library.
- Bartleman, F., 1980. *Azuza Street: The Roots of Modern Day Pentecost*. Plainfield, NJ: Logos International, 13
- Bastia, T., 2014. Intersectionality, migration and development. *Progress in Development Studies* 14(3):237-248 <<https://doi.org/10.1177/1464993414521330>>
- Bass, B.M., 1998. *Transformational leadership: Industrial, military and educational impact*. Mahwah, NJ: Lawrence Erlbaum Associates.
- Bauer, M.W. and Gaskell, G. eds., 2000. *Qualitative researching with text, image and sound: a practical handbook for social research*. London: Sage Publications.
- Beck et al., 2000. Choral singing, performance perception, and immune system changes in salivary immunoglobulin and cortisol, *Music Perception*, 18 (1), 87-106.
- Becker, H.S., 1987. Writing culture: The poetics and politics of ethnography. *Contemporary Sociology*, 16, 25.
- Beckford J.A., Demerath III, N.J., (eds), 2007. *The Sage Handbook of the Sociology of Religion*. London: Sage.
- Beckford, R. J., 2003. *Social theory and religion*. Cambridge: Cambridge University Press.
- Bell, J., 2005. *Doing your Research Project. A guide for first-time researchers in education, health and social science*. 4th ed. Maidenhead: Open University Press.
- Bell, C., 1997. *Ritual Perspectives and Dimensions*. Oxford: Oxford University Press

- Benson, K., Nagar, R., 2006. Collaboration as Resistance? Reconsidering the processes, products, and possibilities of feminist oral history and ethnography. *Gender, Place & Culture*, 13(5), pp.581-592.
- Benet, N., 2003. Structure, culture and power in organisations. In N. Bennett, M. Crawford, and M. Cartwright (eds.) *Effective educational Leadership* (pp.44-46) London: Paul Chapman
- Berg, B., 2007. *Qualitative research methods for the Social Sciences*. 6th ed. Boston, MA: Pearson
- Berg, A., 2003. Ancestor reverence and mental health in South Africa. *Transcultural Psychiatry*, 40, 194-207
- Berger, P., 2007. "Pluralism, Protestantization, and the Voluntary Principle." *Democracy and the New Religious Pluralism*. Thomas Banchoff. (ed). Oxford University Press
- Berger, P. L., 2001. Reflections on the Sociology of Religion Today. *Sociology of Religion* [e-journal] 62(4), pp.443-454. Available through: Anglia Ruskin University Library website <<http://libweb.anglia.ac.uk>> [Accessed 12 August 2016]
- Berger, P.L., 1990. *The Sacred Canopy: Elements of a Sociological Theory of Religion*. New York: Anchor.
- Berkenkotter, C., 1993. A "Rhetoric for Naturalistic Inquiry" and the Question of Genre. *Research in the Teaching of English*, 27(3), 293-304.
- Bernard, H. R., 2002. *Research methods in anthropology: Qualitative and quantitative approaches*. 3rd ed. Walnut Creek, CA: Altamira Press.
- Berrios G.E., 1988. Melancholia and depression during the 19th century: A conceptual history. *British Journal of Psychiatry* 153, 298-304
- Bergstrom S., 2015. Training non-physician mid-level providers of care (associate clinicians) to perform caesarean sections in low-income countries. *Best Pract Res Clin Obstet Gynaecol*. ;29(8):1092-1101. <doi:10.1016/j.bpobgyn.2015.03.016>
- Besnard, P., 1991. Durand (Jean-Pierre), Weil (Robert) (eds). - "Sociologie contemporaine". *Revue Française De Sociologie*, 32(3), 493.
- Betts, A., and Jones, W., 2016. *Mobilising the Diaspora: How Refugees Challenge Authoritarianism*. Cambridge University Press.
- Betts, A., 2012. The transnational exile complex How to think about African diaspora politics. Oxford Diasporas Programme. The Refugee Studies Centre (RSC) Working Paper Series
- Betts, A., 2011. *Global Migration Governance* Oxford University Press
- Beyers, L., Venken, M. and Goddeeris, I., 2009. Families, foreignness, migration. *The history of the family*, 14 (2), 125-131.
- Bertocchi, G., Dimico, A. and Tedeschi, G.L., 2015. *Trust and Attitudes toward Citizenship in Sub-Saharan Africa*. Mimeo, University of Modena and Reggio Emilia.
- Bertocchi, G., 2015. *The Legacies of Slavery in and out of Africa*. Institute for the Study of Labor (IZA) Discussion Paper No. 9105 <<http://ftp.iza.org/dp9105.pdf>>
- Bertocchi, G., 2015. Slavery, Racial Inequality, and Education, Institute for the Study of Labor (IZA) *World of Labor* 122.
- Bertocchi, G., 2011. Growth, Colonization, and Institutional Development: In and Out of Africa, in de La Grandville, O. (ed.), *Economic Growth and Development, Frontiers of Economics and Globalization, Emerald, Bingley*. Vol.11, 25-41.
- Bertocchi, G. and Canova, F., 2002. Did Colonization Matter for Growth? An Empirical Exploration into the Historical Causes of Africa's Underdevelopment. *European Economic Review* 46, 1851-1871.
- Bertocchi, G., and Chiara, S., 2008. International migration and the role of institutions. *Public Choice*. 137. 81-102. <10.1007/s11127-008-9314-x.>
- Beyer, P., 1994. *Religion and Globalisation*. London: Sage Publications
- Bhugra, D., and Bhui, K., 2007. *Textbook of Cultural Psychiatry*. Cambridge University Press. Cambridge.
- Bhugra, D., 2004a. Migration and Mental health. *Acta Psychiatrica Scandinavica*. [e-journal] (109)4, pp. 243-258. <<https://doi.org/10.1046/j.0001-690X.2003.00246.x>>
- Bhugra, D., 2004b. Migration, distress and cultural identity. [e-journal] *British Medical Bulletin*. (69)1, pp.129-141. <<https://doi.org/10.1093/bmb/ldh007>>.

- Bibby, R., 2011. *Beyond the Gods and Back: Religion's Demise and Rise and Why It Matters*;[e-journal]<http://files.etc-canada.net/min/rc/cft/V04I01/Beyond_The_Gods_and_Back_Review.pdf>[Accessed 1 January 2017].
- Biggar N., 2015. Why religion deserves a place in secular medicine. *J Med Ethics* 41: 229- 33.
- Birchwood, M., Cochrane, R., Macmillan, F., Copesake, S., Kucharaska, S., and Cariss, M., 1992. The influence of ethnicity and family structure on relapse in first- episode schizophrenia. *British Journal of Psychiatry*, 165, pp. 743-749.
- Birmingham, D., 2009. *The Decolonisation of Africa* [e-book]. London: UCL Press. Available through: Anglia Ruskin University Library website<<http://libweb.anglia.ac.uk>> [Accessed 12 August 2016]
- Bishop, R., 1998b. Freeing ourselves from neo-colonial domination in research: A Maori approach to creating knowledge. *Qualitative Studies in Education*. [e-journal] 11(2), pp.199-219. <<https://www.tandfonline.com/doi/abs/10.1080/095183998236674>>.
- Blackmore, G, 1995. *Educational leadership: A feminist critique and reconstruction*. In J., Smyth (Ed), *Critical discourses on teacher development* (pp.93-129) London: Cassell.
- Bonilha, et al., 2009. Effects of singing classes on pulmonary function and quality of life of COPD patients. *International Journal of Chron Ostruct Pulmon Dis*. [e-journal] 4(1), pp. 1-8. Available through: Anglia Ruskin University Library website<<http://libweb.anglia.ac.uk>> [Accessed 12 August 2017]
- Bono, J.J., 1993. *Witches, Devils, and Doctors in the Renaissance*: Johann Weyer, De praestigiis daemonum. Johann Weyer, George Mora , Benjamin Kohl , Erik Middelfort , Helen Bacon,JohnShea.Isis,[e-journal]84(3),pp.568-569.10.1086/356576. <<https://doi.org/10.1086/356576>>.
- Boruchovitch E, Mednick B.R., 2002. Meaning of Health and Illness: some considerations for health psychology. *Psico-UST* 7: 175-183.
- Borg, M.J., 1994. *Jesus in Contemporary Scholarship*. Valley Forge: Trinity Press International.
- Bourdieu, P.,1986. *Distinction: A social critique of the judgement of taste*. Routledge.
- Bourdieu, P., 1993. *The Field of Cultural production: Essays on Art and literature*. Columbia University Press.
- Boyle, J., 1994. Styles of ethnography. In: Morse J, editor. *Critical issues in qualitative research methods*. Thousand Oaks, CA: Sage Publications
- Booth, N., 1979. African Religions New York: NOK Publishers International pp: 6-10.
- Bracken, P., & Thomas. (n.d.) Postpsychiatry: A new direction for mental health. *British Medical Journal - Clinical Research Edition* /, 322(7288), 724-727.
- Braun, V., Clarke, V., 2006. *Using thematic analysis in psychology*. *Qualitative Research in Psychology*.[pdf]3(2),77-101Available at: <<http://www.informaworld.com/smpp/content~db=all~content=a795127197~frm=titlelink>> [Accessed 8 March 2014].
- Brierley, P., 2013. *London's Churches are Growing: What the London Church Census Reveals*. Tonbridge: ADBC.
- Brierley, P., 2011. *UK Church Statistics, 2005-2015*. Tonbridge: ADBC.
- Brierley, P., 2006. *Pulling Out Of The Nose Dive: A Contemporary Picture of Churchgoing: What The 2005 English Church Reveals*. Eltham, London: Christian Research
- Brierley, P., 2000, *Christian fundamentalism in Sub-Saharan the case of Pentecostalism*. ADBC Publishers
- Brewer, J. D., 2000. *Ethnography*. Buckingham, England: Open University Press.
- Bruce, S., and Glendenning, T., 2013. 'The extent of religious activity in England', *Future First* 29: 1, 4
- Brubaker, R., 2000. *Accidental diasporas and external "homelands" in central and eastern Europe: past and present*. Vienna: Institute for Advanced Studies
- Bryman, A., 2008. *Social Research Methods*, 3rd ed. Oxford University Press.
- Bulmer, M. ed., 1984. *Sociological Research Methods*, London: Macmillan.
- Burgess, R., 2011. Bringing Back the Gospel: Reverse Mission among Nigerian Pentecostals in Britain. *Journal of Religion in Europe* 4 pp. 429–449 <DOI 10.1163/187489211X593499>

- Burgess, S.M., 2006. "Introduction" In *Encyclopaedia of Pentecostal and Charismatic Christianity*, edited by S.M. Burgess, xiii-xiv. New York: Routledge.
- Burgess, S.M., 2001. "Pentecostalism in India: An Overview". *AJPS* 4 (1) PP.85-98
- Burgess, S. M. and Van der Maas, E. M. (2003) *The new international dictionary of Pentecostal and charismatic movements*. Grand Rapids, MI: Zondervan Pub. House.
- Butler, J., 2003. Doing research in the place where you work: some ethical issues. *Bulletin of Medical Ethics*, [e-journal] 185, pp. 21- 22. Available through: Anglia Ruskin University Library website <<http://libweb.anglia.ac.uk>> [Accessed 12 June 2015]
- Butler, J., 2006. *Gender trouble: Feminism and the subversion of identity* (2nd ed., Routledge classics). New York; London: Routledge.
- Butz, D., 2015. Sideline by the Guidelines: Reflections on the Limitations of Standard Informed Consent Procedures for the Conduct of Ethical Research. *ACME: An International Journal for Critical Geographies*, [e-journal], 7(2) pp.239-259. Available through: Anglia Ruskin University Library website <<http://libweb.anglia.ac.uk>> [Accessed 9 August 2017].
- Cabassa, L.J., Lester, R., Zava, L.H., 2007. "It's Like Being in a Labyrinth." *Hispanic Immigrants' Perceptions of Depression and Attitudes Toward Treatments* [pdf] Available at: <https://link.springer.com/content/pdf/10.1007%2Fs10903-006-9010-1.pdf> [Accessed 16 March 2018]
- Cahill, C., 2004. Defying gravity? Raising consciousness through collective research. *Children's Geographies*, [e-journal] 2 (2), pp.273-286. 10.1080/14733280410001720557.
- Cahoone, L., 2003. *From Modernism to Postmodernism: An Anthology*. (2nd edn.) Malden, MA, Blackwell.
- Campbell, M.G., and Kulakowski, T., 2015. *The Welsh Revival*. Zeeland, MI: Reformed Church Publications, 38.
- Cameron, J, Gibson, K., 2005. 'Alternative pathways to community and economic development: The Latrobe Valley Community Partnering Project', *Geographical Research*, [e-journal] 43(3), pp. 274 -285. <<http://doi:doi:10.1111/j.1745-5871.2005.00327.x>>
- Camic, P. M., Rhodes, J. E., & Yardley, L. eds. 2003. *Qualitative research in psychology: Expanding perspectives in methodology and design*. Washington, DC, US: American Psychological Association. <<http://dx.doi.org/10.1037/10595-000>>
- Canagarajah, A. S., 1993. Critical ethnography of a Sri Lankan classroom: Ambiguities in opposition to reproduction through *ESOL*. *TESOL Quarterly*, 27, 601-626.
- Canino, G., Lewis-Fernandez, R., and Bravo, M., 1997. Methodological challenges in cross-cultural mental health research. *Transcultural mental health research*. *Transcultural Psychiatry*, 34, 163-184
- Capps, D., 2000. *Jesus: A psychological Biography*, St. Louis: Chalice Press.
- Cassidy, D.C., 2008. Is Transubstantiation without substance? *Religious Studies* [e-journal] 30(2),pp. <<https://doi.org/10.1017/S0034412500001487>>
- Castles, S., De Haas, H., Miller, M.J., 2014. *The Age of Migration: International Population Movements in the Modern World*. Houndmills, Basingstoke, Hampshire: Palgrave Macmillan Higher Education.
- Castles, S. and Miller, M. J. (1998) *The age of migration: international population movements in the modern world*. Guilford Press. Available at: https://books.google.co.uk/books/about/The_Age_of_Migration.html?id=P5O8QgAACAAJ&redir_esc=y (Accessed: 19 January 2019).
- Castles, S., and Miller, M., 1993. *The Age of Migration: International Population Movements in Modern World* (3rd ed). New York: The Guildford Press.
- Castles, S. and Davidson, A., 2000. *Citizenship and migration: globalization and the politics of belonging*. New York: Routledge.
- Cassaniti, J.L. and Luhrmann. T.M., 2014. The Cultural Kindling of Spiritual Experiences. *Current Anthropology*. <DOI: 10.1086/677881>.
- Chambers, R., 1997. *Whose reality counts; putting the last first*. London: Intermediate Technology Publications
- Chambers, R., 1994b. 'Participatory rural appraisal (PRA): challenges, potentials and paradigm' *World Development* 22, 1437-54.
- Chambers, R., 1994a. 'Participatory rural appraisal (PRA): analysis of experience' *World Development* 22, 1253-68.

- Chambers, E. Applied Ethnography, In Denzin, N. and Lincoln, Y, eds. 2001. *The handbook of Qualitative Research*. Thousand Oaks: Sage
- Chaney, C., 2008. The Benefits of Church Involvement for African-Americans: The Perspectives of Congregants, Church Staff, and the Church Pastor. *Journal of Religion and Society*, Vol. 10; pages 1-23
- Charmaz, K., 2000. *'Grounded Theory': objectivist and constructivist methods*. Thousand Oaks, CA: Sage.
- Charmaz, K., and Mitchell, R. 1997. The myth of silent authorship: Self, substance, and style in ethnographic writing. In R. Hertz, (Ed.), *Reflexivity and voice* (pp. 193-215). London: Sage.
- Chatman, E.A., 2000. Framing social life in theory and research. *The New Review of Information Behaviour Research*, 1, 3-17.
- Chesnutt, R.A., 2003. *Competitive Spirits: Latin America's New Religious Economy*. Oxford: Oxford University Press.
- Chesnutt, R.A., 1997. *Born Again in Brazil: The Pentecostal Boom and the Pathogens of Poverty*. New Brunswick, NJ: Rutgers
- Christensen, K. and Levinson, D. 2003. *Encyclopedia of community: From the village to the virtual world*. Thousand Oaks, CA: SAGE.
- Christian, M., 2009. Black Identity in the 20th Century: Expressions of the U.S. and U.K. African Diaspora. *Journal of Black Studies*, Vol. 39 (3) pp. 482-487. Sage Publications, Inc. <https://www.jstor.org/stable/40282574> Accessed: 07-08-2018 09:02
- Clarke P.B., (ed.) 2009. *The Oxford Handbook of the Sociology of Religion*. Oxford: Oxford University Press.
- Clements, W., 1981. Ritual Expectation in Pentecostal Healing Experience. *Western Folklore*, Vol 40 Number 2, 139-148.
- Clifford, J., 1994. Diasporas. *Cultural anthropology*, 9 (3), 302-338
- Clifford, J., and George, E. M., (eds.) 1986. *Writing Culture: The Poetics and Politics of Ethnography*. Berkeley: University of California Press.
- Clift, S., Hancox, G., Morrison, I., Hess, B., Kreutz, G., and Stewart, D., 2010. *Choral singing and psychological wellbeing: Findings from English choirs in a cross-national survey*. [pdf] Available at: <http://www.whitstablechoral.org.uk/wp-content/uploads/2009/10/clift-et-al-2010-choral-singing-and-psychological-wellbeing.pdf> [Accessed 11 January 2018]
- Clift, S.M., and Hancox, G., 2001. *The perceived benefits of singing: findings from preliminary surveys of a university college choral society*. [pdf] Available at: <<https://www.canterbury.ac.uk/health-and-wellbeing/sidney-de-haan-research-centre/documents/benefits-of-singing.pdf>> [Accessed 11 January 2018]
- Coakley, J., 2003. *The territorial management of ethnic conflict*. London: Frank Cass
- Coakley, S., 1997. *Religion and the Body*. Cambridge, UK Cambridge University Press
- Coffey, P., 1999. *The Ethnographic self*. London: Sage
- Cohen, J.H., 2011. Migration, Remittances, and Household Strategies. *Annual Review of Anthropology*. 40: 1, 103-114. <<https://www.annualreviews.org/doi/10.1146/annurev-anthro-081309-145851>>
- Cohen, J. H., Harold, G.K., 2002. *The Link Between Religion and Health, Psychoneuroimmunology and Faith Factor*, New York: Oxford University Press.
- Cohen, E. A., 2007. *The Mind Possessed: The cognition of spirit possession in Afro-Brazilian Religious Tradition*. Oxford University Press.
- Cohen, R., 2010. 'Social identities and creolization'. In Knott, K and McLoughlin, S.(eds) *Diaspora: Concepts, intersection, identities*. London: Zed Books, pp.69-73
- Cohen, R., 2008. *Global Diasporas: an introduction 2nd ed*. London: Routledge
- Cohen, R., 1997. *Global diasporas: an introduction*. Seattle: University of Washington Press.
- Cohen, R., 1996. *Global Diasporas: an introduction 1st ed*. London: UCL Press
- Cohen, R., 1996 (ed) *Theories of Migration*. Cheltenham: Edward Elgar
- Coleman, S, and Hackett, R.I.J., 2015. *The Anthropology of Global Pentecostalism and Evangelicalism*. New York: New York University Press.
- Coleman, E. B., White, K., 2009. *Medicine, Religion, and the Body*. Brill
- Coleman, S. 2003. Continuous Conversion? The Rhetoric, Practice, and Rhetorical Practice of Charismatic Protestant Conversion. In *The Anthropology of Religious Practice*

- Coleman, S., 2002b, The Faith Movement: a global religious culture? *Cult. Relig.* 3 (1), 3-19
- Coleman, S., (ed), 2000a. The Faith Movement: a global religious culture? *Cult. Relig.* 3 (1)
- Coleman, S., 2000. *The Globalisation of Charismatic Christianity: Spreading the Gospel of Prosperity*. Cambridge: Cambridge University Press.
- Coleman, J.S., 1990. *Foundations of Social Theory*. Cambridge. M.A.: The Belknap Press of Harvard University Press.
- Coleman, M., 2011. *Women at top: Challenges, choices and change*. Palgrave Macmillan
- Coleman, J., 1988. 'Social Capital in the Creation of Human Capital'. *American Journal of Sociology*, 94, pp. 95-120
- Collins, J., 1978. *Primitive Religion* Totowa NJ: Littlefield Adams and Co.
- Colin, R., 2002. *Real world research*. Oxford: Blackwell Publishing.
- Conger, J.A., 1999. Charismatic and transformational leadership in organizations: An insider's perspective on these developing streams of research. *Leadership Quarterly*, 10, 145-180.
- Conger, J.A., and Kanungo, R. 1998. *Charismatic leadership in organizations*. Thousand Oaks. CA: Sage.
- Conger, J., & Kanungo, R., 1987. Toward a Behavioral Theory of Charismatic Leadership in Organizational Settings. *The Academy of Management Review*, 12(4), 637.
- Conradie, E.M., 2013. *South African perspectives on notions and forms of ecumenicity*. Stellenbosch: SUN Press
- Cooke, B., Kothari, U., 2001. *Participation: the new tyranny?* London: Zed Books.
- Cornah, D., 2006. The impact of Spirituality on Mental Health: *A Review of the Literature*. Mental Health Foundation. London.
- Cortazzi, M., 2001. Narrative analysis in ethnography. In Atkinson, P. Coffey, A. Lofland, S.A., Lofland eds. *Handbook of ethnography* (pp. 384-394). London: Sage.
- Corten, A., and Marshall-Fratani, R., 2001b. Introduction. *Between Babel and Pentecost: Transnational Pentecostalism in Africa and Latin America*. Bloomington: Ind. University Press. pp1-21
- Corten, A., and Marshall-Fratani, R., (eds). 2001a. *Between Babel and Pentecost: Transnational Pentecostalism in Africa and Latin America*. Bloomington: Ind. University Press
- Corten, A., 1999. *Pentecostalism in Brazil: Emotion of Poor and Theological Romanticism*. New York: St. Martin's
- Corten, A., 1995. *Le pentecôtisme au Brésil: émotion du pauvre et romantisme théologique* (Pentecostalism in Brazil: Emotion of the poor and theological romanticism). Paris: Karthala.
- Counted, V., 2016. God as an Attachment Figure: A Case Study of the God Attachment Language and God Concepts of Anxiously Attached Christian Youths in South Africa. *Journal of Spirituality in Mental Health*. [e-journal] 18(4), pp. 316-346. <<https://www.tandfonline.com/doi/full/10.1080/19349637.2016.1176757>>
- Cox, J.L. and Haar, 2003. *Uniquely African? :African Christian Identity from Cultural and Historical Perspectives*. African World Press.
- Cox J, Campbell A, and Fulford B, 2007. (eds) *Medicine of the person: faith, science and values in healthcare provision*. London: Jessica Kingsley
- Creswell, J., 2013. *Research Design (International Student Edition): Qualitative, Quantitative, and Mixed Methods Approaches*. London: Sage
- Creswell J.W., 2009. *Research Design Qualitative, Quantitative and Mixed Methods Approaches*. Los Angeles, CA: Sage Publication.
- Crenshaw, K., 1991. Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stanford Law Review*, 43(6), 1241–1299.
- Crenshaw, K., 1989. Demarginalizing the intersection of race and sex: A black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. *University of Chicago Legal Forum*: 139–67. *University of Chicago Legal Forum*, 1989(8), 139–167.
- Creswell J.W., 1994. *Research Design Qualitative and Quantitative Approaches*. Sage Publication, London, United Kingdom.
- Crossman, J. D., 1992. *The Historical Jesus*, New York: HarperCollins.
- Crotty, M., 1996. *Phenomenology and Nursing Research*. Sydney Australia, Churchill Livingstone.

- Croucamp, A., 2013, 'Traditional African divination systems as information technology', in *Mindburst*,
<http://mindburstwork.com/sites/default/files/Traditional%20African%20divination%20systems%20as%20information%20technology_0.pdf> [Accessed 23 August 2017]
- Csordas, T.J., 2007. Global religion and the re-enchantment of the world: The case of the Catholic Charismatic Renewal *Anthropological Theory*, [e-journal] 7(3), pp.295-314.
<https://doi.org/10.1007/978-1-137-08286-2_2>
- Csordas, T., J., 2002. *The Rhetoric of Transformation in Ritual Healing: Body/Meaning/Healing. Contemporary Anthropology of Religion* Palgrave Macmillan, New York
- Csordas, T. J., 1997. *Language, charisma, and creativity. The ritual life of a religious movement*. Berkeley: University of California Press.
- Csordas, T., J., (Ed) 1997. *The Sacred Self: A Cultural Phenomenology of Charismatic Healing* California. University of California Press
- Csordas, T. J., 1994 *The Sacred Self*. University of California Press
- Csordas, T. J., 1993. Somatic modes of attention. *Cultural Anthropology*, 8(2), 135-156.
- Csordas, T. J., 1990. Embodiment as a paradigm for anthropology. *Ethos*, 75(1), 5-47.
- Csordas, T., J., 1988. "Elements of charismatic persuasion and Healing" *Medical Anthropology Quarterly. International Journal of the Analysis of Health*. [e-journal] 2 (2) pp.121-142. ><https://doi.org/10.1525/maq.1988.2.2.02a00030>>
- Cunningham, A. J., Lockwood, G. A., & Cunningham, J. A., 1991. A relationship between perceived self-efficacy and quality of life in cancer patients. *Patient Education and Counselling*, 17, 71-78.
- Cucchiari, S., 1990. Between shame and sanctification: patriarchy and its transformation in Sicilian Pentecostalism. *Am Ethnol*. 17: pp.687-707
- Cummings et al., 2017. A Comparison of Christians' concepts of Jesus Christ and God. *Journal for the Psychology of Religion*. 27(1), pp. 35-50
- Curlin, et al., 2007. Religion, Spirituality, and Medicine: Psychiatrists' and Other Physicians' Differing Observations, Interpretations, and Clinical Approaches. *American Journal of Psychiatry*. [e-journal] 164(12), 1825-1831.
<https://ajp.psychiatryonline.org/doi/abs/10.1176/appi.ajp.2007.06122088>
- Curtis, H.D., 2007. *Faith in the Great Physician-Suffering and Divine Healing in American culture, 1860-1900*. Baltimore, MD: The Johns Hopkins University Press
- Cutcliffe, J., 2005. Adapt or adopt: Developing and transgressing the methodological boundaries of grounded theory. *Journal of Advanced Nursing*, 51(4), 421-428.
- Cuttitta, P., 2007. *The changes in the fight against illegal immigration in the Euro-Mediterranean area and in Euro-Mediterranean relations*. In working paper. Genoa: University of Genoa
- Daly, M., 2010. "Quote by Daly, Mary on God". *Quotation Book*. [on-line] General. Available at: <<https://www.quotetab.com/quotes/by-mary-daly>> [Accessed 16 September 2017]
- Daly, M., 1973, *Beyond God the father: toward a philosophy of women's liberation with an original introduction by the author*, Beacon, Boston. MA,
- Daneel, M.L., 2016. *Quest for Belonging: Introduction to a Study of African Independent Churches 'African Traditional Religions'*, p. 25. In Tabona Shoko Karanga *Indigenous Religion in Zimbabwe: Health and Well-Being*. Routledge
- Darlington, Y. and Scott, D., 2002. *Qualitative Research in Practice: Stories from the field*. Buckingham: Open University Press.
- Darnell, R., 2001. *Invisible genealogies: A history of Americanist anthropology*. Lincoln: University of Nebraska Press.
- Davies, C B., 2008. *Encyclopedia of the African diaspora: origins, experiences, and culture*. ABC-CLIO Ltd.
- Davis, E.B., Moriarty, G., L., and Mauch, J. C., 2013. God images and god concepts: Definitions, development, and dynamics. *Psychology of Religion and Spirituality*, [e-journal] 5(1), pp. 51-60, <[doi:10.1037/a0029289](https://doi.org/10.1037/a0029289)>
- Day, A., 2011. *Believing in Belonging: Belief and Social Identity in the Modern World*. Oxford: Oxford University Press.
- Dayton, D.W., 1987. *Theological Roots of Pentecostalism*. Peabody, MA: Hendrickson.
- Department of Health, 2009. *Religion or belief: a practical guide for the NHS*. London: DH.

- Delamont, J. Lofland, & L. Lofland (eds.), 2001. *Handbook of ethnography* (pp. 384-394). London: Sage.
- De Haas, H., 2008. The myth of invasion: the inconvenient realities of African migration to Europe. *Third world quarterly*, 29 (7), pp.1305-1322.
- De Haas, H., 2006. Trans-Saharan migration to North Africa and the EU: historical roots and current trends. *Migration information source*.
- Denscombe, M., 2007. *The Good Research Guide for small-scale social research projects*. Buckingham. England Open University Press.
- Denzin, N., 1989. *The Research Act: A Theoretical Introduction to Sociological Methods*. Prentice-Hall, New Jersey. Step by Step, 2nd edn. Thousand Oaks, CA, Sage.
- Denzin, N., Lincoln, Y., 2005 *The Sage Handbook of Qualitative Research* (3rd edn) Sage Publications. London.
- Denzin, N., & Lincoln, Yvonna S., 2011. *The Sage handbook of qualitative research* (4th ed.). Thousand Oaks: Sage.
- Dijk, R.V., 1997. 'From Camp to Encompassment: Discourses of Transsubjectivity in the Ghanaian Pentecostal Discourse' *Journal of Religion in Africa*, XVII (2), pp. 35-59
- Dillon M., (ed). 2003. *Handbook of the Sociology of Religion*. New York: Cambridge University Press.
- Douglas, M., 2002. *Purity and Danger, An Analysis of the Concepts of Pollution and Taboo* (original London, 1966). Reprint Routledge Classics London.
- Donato, K. M., Gabaccia, D., Holdaway, J., Manalansan, M., Pessar, P. R. 2006: A glass half full? Gender in migration studies. *International Migration Review*, 40, 3–26.
- Dow, J., 1986. Universal aspects of symbolic healing: A theoretical Synthesis. *American Anthropologist, New Series*, 88, 56-69
- Dow, J.W., and Sandstrom, A.R., eds. 2001. *Holy Saints and Fiery Preachers*. Westport, CT: Praeger.
- Dowrick, S. 2001. *True international income comparisons: Correcting for bias in fixed price measures and exchange rate measures*. Paper presented at the Economic Measurement Group Workshop, University of New South Wales. Sydney, Australia.
- Dowrick, S., and M. Akmal. 2005. Contradictory trends in global income inequality: A tale of two biases. *Review of Income and Wealth* 51 (2): 201–29.
- Droogers, A., 2001. Globalisation and Pentecostal studies. In Corten, A., and Marshall-Fratani, R., eds. 2001a. *Between Babel and Pentecost: Transnational Pentecostalism in Africa and Latin America*. C. Hurst and Co. pp.41-61
- Droogers, A.F., 2008. Defining religion: A social science approach. In: C. Peter, ed. 2008. Oxford University press. pp.263-279.
- Dufoix, S., 2013. Diasporas: historical and conceptual analysis. *The Encyclopedia of Global Human Migration*. <<https://doi.org/10.1002/9781444351071.WBEGHM174>>
- Dufoix, S., 2008. *Diasporas*. Berkeley: University of California Press.
- Durkheim, E. and Halls, W.D., 1997. *The division of labor in society*. Free Press.
- Durkheim, E., 1995. *The Elementary Forms of Religious Life*, trans. K.E. Fields. New York: Free Press. (Orig. pub. 1912.)
- Durkheim, E. and Swain, J.W., 1912. *The elementary forms of the religious life: a study in religious sociology*. London: Allen & Unwin.
- Earle, T. F. and Lowe, J. P., 2005. *Black Africans in Renaissance Europe* Cambridge University Press, UK
- Edwards, R, Alldred, P, 1999, 'Children and Young People's View of Social Research: The Case of Home School Relations', *Childhood*, Vol. 6, No. 2, pp.261-81.
- Ellen, R.F., 1993. *Ethnographic research: a guide to general conduct*. [e-book] Academic Press. Available through: Anglia Ruskin University website: Available through: Anglia Ruskin University Library website <<http://libweb.anglia.ac.uk>> [Accessed 9 August 2017].
- Elsdon, L., 1897. "Music in its relation to health", *The Etude*, Vol. 15 No. 12
- Elwood, S. 2004: GIS, spatial stories, and negotiating multiple visions of neighbourhood revitalization. Paper presented to the Association of American Geographers, Philadelphia.
- Ellis, C., Bochner, A., 2000. *Autoethnography, personal narrative, reflexivity: Research as subject*. In N.K Denzin and Y.S. Lincoln (Eds.), *Handbook of qualitative research* (2nd ed.), pp. 773-768.). Thousand Oaks, CA: Sage.

- Ellis, E., 2000. *Raising the Devil: Satanism, New Religion, and the Media*. Lexington. Ky: University Press of Kentucky. Pages 120-142
- Ellis, S. and Haar, G.T., 1998. Religion and Politics in Sub-Saharan Africa: *The Journal of Modern African Studies*. Cambridge University Press. 36 pp. 175-201
- Ellsworth, P.C., 1994. Sense, culture, and sensibility. In Kitayana, S., and Markus, R.H., (eds). *Emotion and culture: Empirical Studies of Mutual Influence*. Washington DC: American Psychological Association.
- Emerson, R. M., Fretz, R. I., & Shaw, L. L., 1995. *Writing ethnographic fieldnotes*. Chicago: University of Chicago Press.
- Epley, J.L., 2015. Weber's Theory of Charismatic Leadership: The Case of Muslim Leaders in Contemporary Indonesian Politics. *International Journal of Humanities and Social Science* Vol. 5, No. 7; pages 7-17
- Ekpunobi, E., Ezeaku, I., 1990. *Socio-philosophical perspective of African Traditional Religion*. Enugu: New Age publishers.
- Ernest, E., 2003. "Distant Healing-an 'Update' of a Systematic Review." *Wiener Klinische Wochenschrift* 115:241-45.
- Ernst, E. 2001. "Spiritual Healing as a Therapy for Chronic Pain: a Randomized, Clinical Trial". *Pain* 91:79-89.
- Esman, M.J., 2009. *Diasporas in the contemporary world*. Cambridge: Polity Press.
- Etuk, U.A. 2002. *Religion and Cultural Identity*. Ibadan: Hope Publication
- Evans-Pritchard, E.E., 1976. *Witchcraft, Oracles, and Magic among the Azande*. Clarendon Press. Oxford
- Evans-Pritchard, E.E., 1966. *Theories of Primitive Religion*. Oxford: Clarendon Press
- Exline, J.J., Bright, D.S., 2011. Spiritual and religious struggles in the workplace. *Journal of Management, Spirituality & Religion*, [e-journal] 8(2), pp.123-142 <<https://doi.org/10.1080/14766086.2011.581812>>
- Exline, J.J., 2002. Stumbling Blocks on the religious road: Fractured relationship, nagging vices, and the inner struggle to believe. *An International Journal for the Advancement of Psychological Theory* [e-journal] 13(3) pp. 182-189 <https://www.tandfonline.com/doi/abs/10.1207/S15327965PLI1303_03>
- Ezedike, E.O., 2009. African Culture and the African Personality. *From Footmarks to Landmarks on African Philosophy*. Somolu: Obaroh and Ogbinaka Publishers.
- Fashole-Luke et al., 1978. *Christianity in Independent Africa*. Ibadan: Ibadan University Press
- Fer, Y., 2010. The Holy Spirit and the Pentecostal habitus: Elements for a sociology of institution in classical religion Pentecostalism. *Nordic Journal of Religion and Society*, [e-journal] 23(2) pp.157-176. Available through: Anglia Ruskin University website <<http://libweb.anglia.ac.uk>> [December 12 2018]
- Fesenmyer, L., 2016. 'Deferring the Inevitable Return "Home": Temporality and Contingency in the Transnational Home-Making Practices of Older Kenyan Migrant Women in London', In Walsh, K and Näre, L. (eds.) *Transnational Migration and Home in Older Age, London, New York: Routledge*
- Fesenmyer, L., 2016. 'Assistance but not support: Pentecostalism and the reconfiguring of relatedness between Kenya and the United Kingdom. In *Affective Circuits: African Migrations in Europe and Pursuit of Social Regeneration*. Jennifer Coles and Christian Groes-Green, ed. Chicago: University of Chicago Press
- Fesenmyer, L., 2015. Ambitious cultural polyglots: Kenyan Pentecostals in London. In *Diaspora Reimagined: Spaces, Practices, and Belonging*. Nando Sigona, Alan Gamlen, Giulia Liberatore, and Hélène Neveu Kringelbach, Eds. Oxford: International Migration Institute.
- Fesenmyer, L., 2015. *Reflections on African Pentecostals in London and the 'political' – COMPAS*. [on-line] Available at: <<https://www.compas.ox.ac.uk/2015/reflections-on-african-pentecostals-in-london-and-the-political/>>.
- Fesenmyer, L., 2014. Transnational families. In *COMPAS Migration Anthology*. Michael Keith and Bridget Anderson, Eds. Oxford: COMPAS

- Fesenmyer, L., 2014. 'Reverse missionizing: Migration, Christianity, and civic engagement in London' Centre on Migration, Policy and Society [Blog] 17 June (COMPAS) COMPAS blog,
- Fernando, S., 2009. *Mental Health, Race and Culture*. (3rd edn.) Palgrave Macmillan.
- Ferree, M.M., and Tripp, A.M. (eds), *Global Feminism: Women's Transnational Activism, Organizing, and Human Rights*. New York: New York.
- Fields, K. E., 1995. 'Translator's Introduction: Religion as an Eminently Social Thing', pp. xvii–lxxiii in É. Durkheim, *The Elementary Forms of Religious Life*, trans. K.E. Fields. New York: Free Press.
- Fine, M., Torre, M.E., Boudin, K., Bowen, I., Clark, J. and Hylton, D., 2003. *Participatory action research: From within and beyond prison bars*. [e-book] Available through: Anglia Ruskin University Library website <<http://libweb.anglia.ac.uk>> [Accessed 14 June 2017]
- Finlay, L., and Gough, B. (ed.) 2003. *Reflexivity: A Practical Guide for Researchers in Health and Social Sciences*. Oxford:Blackwell.
- Firestone, W., 1987. Meaning in Method: The Rhetoric of Quantitative and Qualitative Research. *Educational Researcher*, 16(7), 16-21.
- Flahaux, M and De Haas, H., 2016. African migration: trends, patterns, drivers *Comparative Migration Studies*. [e-journal] 4(1) pp. 1-25 <https://doi.org/10.1186/s40878-015-0015-6>.
- Flere, S., and Kirbis, A., 2009. New age, religiosity, and traditionalism: A cross-cultural comparison. *Journal for the Scientific Study of Religion*, [e-journal] 48 (1), pp. 161-184. Doi:10.1111/j.1468-5906.2009.01435_1.x
- Foner, N. and Alba, R., 2008. Immigrant Religion in the U.S. and Western Europe: Bridge or Barrier to Inclusion? *The International Migration Review*, [e-journal] 42 (2), pp.360-392. 10.1111/j.1747-7379.2008.00128.x. <<https://www.jstor.org/stable/27645255>>.
- Frederick, M. F., 2003. *Between Sundays: Black women and everyday struggles of faith*. Berkeley, CA: University of California Press.
- Freeman, D. 2012. *Pentecostalism and development: churches, NGOs and social change in Africa*. Basingstoke: Palgrave Macmillan.
- Freston, P., 2010. Reverse Mission: A Discourse In Search Of Reality? *PentecoStudies* 9(2): 140-152.
- Freeston, P., 2006 "Pentecostals and Politics in Latin America". Paper presented in the conference "Pentecostalism and Politics" Conference held October 6th 2006.<<http://youtube.com/watch?=1x7Pvt1bdrM>> (Accessed January 2018).
- Freeston, P., 2001. *Evangelicals and Politics in Asia, Africa and Latin America*. Cambridge: Cambridge University Press
- French, S. Swain, J., 1997. 'Changing Disability Research: Participating and Emancipatory Research with Disabled People', *Physiotherapy* 83(1): 26–32.
- Fulkerson, M., 1991. 'Sexism as original sin'. *Journal of the American Academy of Religion* 59(4) 653-675
- Fuller, C., 2016. History, Anthropology, Colonialism, and the study of India. *History and Theory*, 55(3), 452-464.
- Fuller, S., 2000. *Thomas Kuhn: A Philosophical History of Our Times*. Chicago, IL, University of Chicago Press.
- Furey, C., 2012. Body, Society, and Subjectivity in Religious Studies. *Journal of the American Academy of Religion*, 80(1), 7-33.
- Gamburd, M., 2000. *The kitchen spoon's handle: transnationalism and Sri Lanka's migrant housemaids*. Ithaca, NY and London: Cornell University Press.
- Garner S & Bhattacharyya, G., 2001. Poverty, ethnicity and place. Joseph Rowntree Foundation
- Garnett, J., and Hausner, S. L., 2015. Eds. *Religion in Diaspora: Cultures of Citizenship*. Palgrave Macmillan
- Garnett, J. and Harris, A., 2013. 'Canvassing the Faithful: Image, Agency and the Lived Religiosity of Devotion to the Divine Mercy', In Guiseppe Giordan and Linda Woodhead (eds), *Prayer in Religion and Spirituality* (Lieden and Boston: Brill)
- Garnett, J. and Harris, A., 2013a. 'Church without Walls: Mapping the Sacred in East London'. In: Garnett, J and Harris, A. (eds) *Rescripting Religion in the City: Migration and Religious Identity in Modern Metropolis*. Farnham: Ashgate, pp.115-30

- Garnett, J. and Harris, A., 2013b "Wounding and Healing: Dealing with Difference in Christian Narratives of Migrant Women in East London since 1980". *Women's History Review* 22(2):1-20
- Garnett, J. and Rosser, G., 2007. 'Representing Spectacular Miracles', *Forum for Anthropology and Culture* 4:269-74
- Garnett, J. et al., 2006. 'The Good life, in Jane Garnett et al. (eds), *Redefining Christian Britain: Post-1945 Perspectives*. London: SCM Press. Pp.242-52
- Geertz, C., 2002. The Anthropological life in interesting times. *Annual Review of Anthropology*, 31, 1-19
- Geertz, C., 2000. *Available Light*, Princeton, NJ: Princeton University Press.
- Geertz, C., ed. 1993. "Religion as a Cultural System." *In The Interpretation of Cultures. Selected Essays*, 87-125. London: Fontana.
- Geertz, C., 1988. *Works and lives: the anthropologist as author*. 1st edn. Stanford University Press.
- Geertz, C., 1973. *The Interpretation of Cultures*. [pdf] Available at: <https://monoskop.org/images/5/54/Geertz_Clifford_The_Interpretation_of_Cultures_Selected_Essays.pdf Inc>. [Accessed 3 June 2016]
- General Medical Council, 2013. *Good medical practice*. London: GMC.
- General Medical Council, 2013. Personal beliefs and medical practice. London: GMC.
- Georgiades, S. D., 2016. Christian Faith as a Resiliency Factor in Coping with Immigration and Unemployment: Mental Health Implications. *Journal of Spirituality and Mental Health*. [e-journal]18(1)pp.24-42.
<<https://www.tandfonline.com/doi/full/10.1080/19349637.2015.1112251>>
- George, S.M., 2005. When women come first: gender and class in transnational migration.
- Gerlach, L. and V, Hine (1970) *People, Power, Change: Movements of Social Transformation*. Indianapolis, USA: Bobbs-Merrill
- Gerrish, K, Lacey, A., 2006. *The Research Process in Nursing*. London, Blackwell Publishing
- Gidman, J., McIntosh, A., Smith, A., 2011. Student perceptions of support in practice. *Nurse Education in Practice*, 11, 351-355
- Gidley, B., 2015. Ben Gidley on London's Diaspora communities.[Blog] 19th Jan 2016 . Available at: ciris.org.uk/2016/01/19/interview-ben-gidley-on-londons-diaspora-communities (Accessed 17 December 2017)
- Gidley, B., 2003. 'Citizenship and Belonging: East London Jewish Radicals, 1903-1918' (PhD Thesis, University of London.
- Gifford, P., 1994. "Ghana's Charismatic Churches." *Journal for Religion in Africa*. pp. 241-65.
- Gilbert, P., Nicholls, V., 2003. *Inspiring Hope: Recognising the importance of spirituality in a Whole Person Approach to Mental Health*. National Institute for Mental Health in England. London
- Gilbert, P., 2011. *Spirituality and Mental Health: A Handbook for Service Users, Carers and Staff Wishing to Bring a Spiritual Dimension to Mental Health Services*. Brighton: Pavilion,
- Gilgun, J.F., 2005. Grab and good science: writing up the results of qualitative research. *Qualitative Health Research*, 15 (2), 256-62.
- Gillespie, R., 1991. *Manufacturing Knowledge: A History of the Hawthorne Experiment*. Cambridge University Press.
- Gilroy, P., 1993. *The Black Atlantic- Modernity and Double-Consciousness*. Verso Publishers. London.
- Giordan, G., and Woodhead, L., (eds) 2006. *Prayer in Religion and Spirituality* Lieden and Boston: Brill.
- Glasby, J., Lester, H., 2006. *Mental Health Policy and Practice*. New York: Palgrave Macmillan. New York.
- Glaser, B. G., 1992. *Basics of Grounded Theory Analysis: Emerging versus Forcing* Sociology Press, Mill Valley, USA
- In Cutcliffe J. R., 2005. Adapt or Adopt: Developing and Transgressing the Methodological boundaries of grounded theory. *Journal of Advance Nursing* 51: 421-428.
- Gobo, G., 2008. *Doing Ethnography*. SAGE Publications.

- Goldstein, W.S., 2012. Sociological Theory of Religion. *Religion Compass*, 6 (7), pp.347-353.
- Goldblatt, D., 2004. *Knowledge and the Social Sciences: Theory. Method. Practice: Understanding Social Change*. Oxford: Polity Press.
- Goldschmidt, W. (1987). "Anthropology as Cultural Critique: An Experimental Moment in the Human Sciences", George E. Marcus and Michael M. J. Fischer. *American Anthropologist*, 89, 472.
- Goode, W., 1994. *Methods in Social Research*. New York, Jossey Bass.
- Goodwin, S., 1990. *Community care and the future of mental health service provision*. Aldershot, Avebury.
- Goodwin, S., 1997. *Comparative mental health policy: from institutional to community care*. London. Sage Publication.
- Granqvist, P., 2010. *Religion as Attachment: Normative Processes and Individual Differences*. [pdf] Available at: <<https://pdfs.semanticscholar.org/d5ee/f94fafd678a41581be5142a3cca760476f17.pdf>> [Accessed 12 March 2017]
- Green, A., Shaw, J., Dimmock, F. and Conn, C., 2002. A shared mission? Changing relationships between government and church health services in Africa. *The International Journal of Health Planning and Management*, 17 (4), pp.333-353.
- Green, C. E. W., 2015. *Sanctifying Interpretation: Vocation, Holiness, and Scripture*. CPT Press.
- Green, G. L., 2012. Chapter 3. The Challenge of Global Hermeneutics. In J. P. Greenman & G. L. Green (Eds.), *Global Theology: Exploring the Contextual Nature of Theology and Mission*. Downers Grove, IL: IVP Academic.
- Green, J., and Thorogood, N., 2004. *Qualitative Methods for Health Research*. London, Sage Publications
- Greenberg, A., 2000. The Church and the Revitalisation of Politics and Community. *Political Science Quarterly* 115(3); 377-394
- Greenfield, P., 2000. What Psychology can do for anthropology, or why anthropology took postmodernism on the chin. *American Anthropologist*, 102(3), pp.564-576
- Groothuis, R.M., 1997, *Good news for women: A biblical picture of gender equality*, Baker Books, Grand Rapids, MI
- Grillo, R. and Mazzucato, V., 2008. Africa B_ Europe: a double engagement. *Journal of ethnic and migration studies*, 34 (2), 175_198.
- Grigg, R., 2006. *Gods after God: An introduction to contemporary radical theologies*. State University of New York Press. New York
- Grudem, W. 1994. *Systematic theology: An introduction to Biblical doctrine*. Leicester/Grand Rapids: InterVarsity/Zondervan.
- Guba, E.G., and Lincoln, Y. 1988. Do inquiry paradigms imply inquiry methodologies? In D.M., Fetterman (Ed), *Qualitative approaches to evaluation in education* (pp. 89-115). New York: Praeger.
- Gubrium, J.E., and Holstein, J.A., 2001. *Institutional Selves: Troubled identities in Postmodern world*. New York: Oxford University Press.
- Gubrium, J.E., and Holstein, J.A., 2002. *Handbook of interview Research. Context and Method*. London: Sage.
- Gureje, O. et al., 2005. Community Study of knowledge of and attitude to mental illness in Nigeria. *British Journal of Psychiatry*. Vol. 186, pp. 436-441.
- Hackett, R.I.J., 1998. Charismatic/Pentecostal appropriation of media of media technologies in Nigeria and Ghana. *Journal of Religion in Africa*, 28(3), 258-277
- Hardesty, N. A., 2003. *Faith Cure: Divine Healing in the Holiness and Pentecostal Movements*. Grand Rapids, MI: Baker Academic.
- Hagedorn, K. J., 2001. *Divine Utterances: The Performance of Afro-Cuban Santería*. Washington, DC: Smithsonian Institution Press
- Hagey, R., 1997. 'The use and abuse of participatory action research' *Chronic Diseases in Canada* 18, 1-4
- Hancox, G., 2010. The Significance of Choral Singing for Sustaining Psychological Wellbeing: Findings from a Survey of Choristers in England, Australia and Germany. *Music Performance Research*, [e-journal] 3.1, pp.79-96. <<https://search.proquest.com/docview/1351609722>>. [Accessed 10 December 2017]

- Hall, V., 1996. *Dancing on the Ceiling: A Study of women managers in Education*. London: Paul Chapman Publishing Ltd.
- Hall, S., 1990. "Cultural Identity and Diaspora." In Jonathan Rutherford (Ed.) *Identity: Community, Culture, and Difference*. Lawrence and Wishart; Zeleza 2005.
- Hamber, B., Palmary, I., and Núñez, L., 2015. Healing and Deliverance in the City of Gold. In Palmary et al.,(eds), 2015. *Healing and Change in the City of Gold*. Peace Psychology Book Series 24, DOI: 10.1007/978-3-319-08768-9_9
- Hammersley, M., & Atkinson, Paul. 2007. *Ethnography: Principles in practice* (3rd ed.). London: Routledge.
- Hammersley, M., 1992. *What is wrong with Ethnography*, London: Routledge.
- Handler, R., 1994. Is Identity a Useful Cross-Cultural Concept?' In Gillis, J.R., (ed) *Commemorations: the politics of national identity*; Princeton, NJ. Princeton University Press
- Harden, J., Scott, S., Backett-Milburn, K., Jackson, S., 2000. 'Can't Talk, Won't Talk?':
- Harris, H., 2006. *Yoruba in Diaspora: An African Church in London*. New York: Palgrave Macmillan.
- Harris, S. M., 2003. *Constructing a psychological perspective: the observer and the observed in the souls of Black folk*. Columbia: University of Missouri Press.
- Helman, C.G., 2007. *Culture, Health and Illness*. Oxford: Butterworth- Heinemann
- Henderson, P. D., Fogel, J., 2003. Support network used by African American breast cancer support group participants. *Association of Black Nursing Faculty Journal*, 14, 95-98.
- Henderson, P. D., Gore, S. V., Davis, B. L., Condon, E. H., 2003. African American women coping with breast cancer: A qualitative analysis. *Oncology Nursing Forum*, 30, 641-647.
- Helms, J.E. & D.A. Cook, 1999, *Using race and culture in counselling and psychotherapy: Theory and process*, Allyn and Bacon, Boston, MA.
- Herlihy, P. H., and Knapp, G., 2003. *Maps of, by, and for the people of Latin America*. *HumanOrganization:Winter*[e-journal]62(4),pp.303-14.
<https://doi.org/10.17730/humo.62.4.8763apjq8u053p03>
- Hillier, S., and Kelleher, D., 1996. *Researching Cultural Differences in Health*. Routledge: London
- Hill, C., and Shepherd, R., 1976. The case of Arise Evans: A historic-psychiatric study. *Psychological Medicine* 6, 351-358.
- Hill, M., 2006. Children's Voices on Ways of Having a Voice: Children's and young people's perspectives on methods used in research and consultation, *Childhood*, 13 (1), pp.69 -89.
- Hjørland, B., 2000. Information seeking behaviour: what should a general theory look like? *The new review of information behaviour research*, 1, 19-33.
- Hodgkin, K., 2010. *Women, madness and sin in early modern England: the autobiographical writings of Dionys Fitzherbert*. 1st edn. Routledge.
- Hoffman J., Rosenkrantz, G.S., 2002. *The Divine Attributes*. [e-book] Great Britain: Blackwell Publishers. Available through: Anglia Ruskin University Library website <<http://libweb.anglia.ac.uk>> [Accessed 3 December 2017]
- Hold, C.L., Clark, E.M., & Klem, P.R., 2007. Expansion and validation of the spiritual health locus of control scale: Factor analysis and predictive validity. *Journal of Health Psychology*, 12(4), pp. 597-612.
- Holloway, S., Wheeler, S., 2010. *Qualitative Research in Nursing and Healthcare*. Blackwell Science Limited
- Holstein, J., Gubrium, J.F., 2000. *The Self We Live By: Narrative Identity in a Postmodern World*. New York: Oxford University Press.
- Holt, C. L., Clark, E. M., Kreuter, M. W., & Rubio, D. M. 2003. Spiritual health locus of control and breast cancer beliefs among urban African American women. *Journal of Health Psychology*, [e-journal] 22(3), pp.294-299. <http://dx.doi.org/10.1037/0278-6133.22.3.294>
- Holt, N.L., 2003. Representation, Legitimation, and Autoethnography: An Autoethnographic Writing story. *International Journal of Qualitative Methods*, 2(1).
- Holt, C.L., Clark, E.M., Klem, P.R., 2007. Expansion and validation of the spiritual health locus of control scale: Factor analysis and predictive validity. *Journal of Health Psychology*, 12(4) pp. 597-612.
- Holt, C.L., Lukwago, S.N., Kreuter, M.W., 2003b. Spirituality, breast cancer beliefs and mammography utilization among urban African American women. *Journal of Health Psychology*, 8(3), pp. 383-396

Holy, L. Theory, methodology and the research process. In: Ellen RF, editor. *Ethnographic research: a guide to general conduct*. London: Academic Press; 1984. pp. 13–34. Available at: <https://anthrosource.onlinelibrary.wiley.com/doi/abs/10.1111/jlca.12048> [Accessed 9 March 2018]

Hordern J., 2016. Religion and culture *Medicine*, 44 (10) 589-592. <<https://doi.org/10.1016/j.mpmed.2016.07.011>>

Horden, J., 2013. What's wrong with 'compassion'? Towards a political, philosophical and theological context. *Clin Ethics* 2013; 8:91e7.

Hubbard, D., 2003. Introduction. In D. Hubbard (Ed.), *The souls of Black folk: one hundred years later* (pp.1–17). Columbia, MO: University of Missouri Press

Hucks P, Tracy, E., 2013. Habitations of the Sacred: African approaches to disease and healing complex disease. *Havard Divinity Bulletin Autumn* Vol-41.

Hughes, J., and Sharrock, W., 2008. Participant Observation. London, London: Sage, 4-volume set.

Hugo, C.J., Bushoff, D., Traut, A., Zungu-Dirwayi, N., Stein, D., (2007) Community attitudes toward and knowledge of mental illness in south Africa. *Social Psychiatry and Psychiatric Epidemiology*, 38: 715-719.

Hunt, S., 2018. Deprivation and Western Pentecostalism Revisited: The Case of 'Classical' Pentecostalism.https://www.researchgate.net/publication/238773962_Deprivation_and_Western_Pentecostalism_Revisited_The_Case_of_%27Classical%27_Pentecostalism

Hunt, S., 2002. Deprivation and Western Pentecostalism Revisited: Neo-Pentecostalism *Penteco Studies*, 1(1)
<http://www.urbanlab.org/articles/Hunt2002-2%20Pentecost%20&%20deprivation.pdf>

Hunt, S. (2002) 'Neither Here nor There': The Construction of Identities and Boundary Maintenance of West African Pentecostals', *Sociology*, 36(1), pp. 147–169. doi: 10.1177/0038038502036001008.

Hunt, S., Hamilton, M., and Walter, T. (eds.) 1997. 'Introduction', In: *Charismatic Christianity: Sociological Perspectives*, Basingstoke: MacMillan.

Hunt, S., 2008. "Pentecostal Political Activism in the USA and the UK: A Comparative Analysis". *Politics and Religion*. Vol.II, 1, pp.101-126

Hunt, S., and Lightly, N., 2001. 'The British Black Pentecostal "Revival" Identity and Belief in the "New" Nigerian Churches', *Ethnic and Racial Studies*, 24 (1), pp. 104-24.

Hunt, S., 2000. Dramatising the Health and Wealth Gospel: Belief and practice of a neo Pentecostal Faith ministry. *The Journal of Beliefs and Values*, 21(1) 73-84

Hunt S. 2000. 'Winning ways': globalisation and the impact of the health and wealth gospel. *J. Contemp. Relig.* 5:pp.331-47

Hunt, S., Hamilton, M., and Walter, T. (eds.) 1997. 'Introduction', In: *Charismatic Christianity: Sociological Perspectives*, Basingstoke: MacMillan.

Hunt, S., 1998. Managing the demonic: Some aspects of the neo-pentecostal deliverance ministry. *Journal of Contemporary Religion* 13(2) pp.215–230.

Hutson, S.R., 2000. "The rave: spiritual healing in modern western subcultures", *Anthropological Quarterly*, Vol. 73 No. 1, pp. 35-49

Hovi, T., 2010. Praising as bodily practice. The neocharismatic culture of celebration In Ahlbäck, T. and Dahla, B. 2010. *Religion and the Body* Pargas, Finland: Tibo-Trading Limited

Idang, G.E., 2015. African Culture and Values. *Phronimon* Vol. 16(2) pp. 97–111

Idang, G.E. 2009. The Mind-Body problem in African Culture. *From Footmarks to Landmarks on African Philosophy*. Lagos: Obaroh and Ogbinaka Publishers

Idang, G.E. 2007. "Cultural Relativism and the Language of Morals" *International Journal of African Culture and Development* Vol.2 (1).

Idowu, E.B., 1973. *African traditional religion: a definition*. Orbis Books

Idowu, E.B., 1973. *African Traditional Religion*, SCM Press. London.

Idowu, B., 1965. *Towards an Indigenous Church*. Ibadan: Oxford University Press.

Idiong, S.O., 1994. Culture in Education. In *Sociology of Education: A Book of Readings*. Calabar: Edigraph Communications.

Ignatieff, M., 2001. The Attack on Human Rights. *Foreign Affairs*. 80. 102.

Ikenga, M.E., 1981 *God and man in African Religion* London: Geoffrey Chapman.

Illich, I., 1976. *Celebration of Awareness: a Call for Institutional Revolution*. Penguin: Harmondsworth. In Denzin, N. and Lincoln, S., ed, (2005) *The Sage Handbook of Qualitative Research*. Thousand Oaks, CA: Sage, 248-261.

International Organisation for Migration (IOM) (2004), *Migration for development in Africa*. General strategy paper. Geneva: IOM.

International Labour Organisation (ILO) (2006), *Africa-Europe inter-regional dialogue on managing labour migration for Integration and development*. ILO report. Brussels: ILO.

International Monetary Fund (IMF) Annual Report 2017 *Promoting Inclusive Growth*. International Monetary Fund, Washington.

International Monetary Fund (IMF). 2011. *"Revenue Mobilization in Developing Countries."* IMF Policy Paper, International Monetary Fund, Washington, March.

International Forum on Globalization (IFG). 2001. Globalization: The facts and figures of poverty and inequality. *IFG Bulletin* 1, no.3, <http://www.thirdworldtraveler.com/Globalization/Globalization_FactsFigures.html>

Intriligator, B., 1983. Leadership theory revisited. *Journal of Educational Equity and Leadership*, 3, 5-17

Jackson, Roy, J., 2014. *The God of Philosophy: An Introduction to Philosophy of Religion*, Taylor and Francis, 2014. ProQuest Ebook Central, <http://ebookcentral.proquest.com/lib/anglia/detail.action?docID=1779126>.

James P. B., Wardle J., Steel A., et al, 2018. Traditional, complementary and alternative medicine use in Sub-Saharan Africa: A systematic review. *BMJ Global Health* Vol. 3 Issues 5 <<https://gh.bmj.com/content/3/5/e000895>>

Jansen, E., Lang, C., 2012. Transforming the Self and Healing the Body Through the Use of Testimonies in a Divine Retreat Center, Kerala. *J Relig Health* 51: 542. <https://doi.org/10.1007/s10943-011-9564-7>

Jentges, E., 2014, *Political Charisma as Performance and Projection* [pdf] Available at: <<https://ecpr.eu/Filestore/PaperProposal/79d65b12-648e-4c44-9ef9-92...pdf>> [Accessed 9 March 2018]

Jimmenez M.A., 1986. Madness in early American history: insanity in Massachusetts from 1700 to 1830. *Journal of Social History* 20, 22-44

Johns, L., Cannon, M., Singleton N., et al., 2004. Prevalence and correlates of self-reported psychotic symptoms in the British population. *British Journal Psychiatry*. 185: pp298-305.

Jones, S., 2000. *Feminist theories and Christian theology: Cartographies of grace*, Fortress, Minneapolis, MN.

Jones, M., and Yonezawa, S., 2002. Student voice, cultural change: Using inquiry i school reform. *Journal for Equity and Excellence in Education*, 35(3), pp.245-254.

Kaplan, R., Kaplan, S, 1989. The Experience of Nature: A Psychological Perspective & NBSP.[e-journal]. Available at: <http://psichenatura.it/fileadmin/img/R._Kaplan__S._Kaplan_The_Experience_of_Nature__Introduction_.pdf> [Accessed 23 April 2018].

Kapungwe, et al., 2010. *Mental illness-stigma and discrimination in Zambia*. [pdf] Available at: <https://assets.publishing.service.gov.uk/media/57a08b0d40f0b64974000932/Kapungwe_etal_AfrJPsy_13.pdf> [Accessed 17 April 2017]

Karasz, A., 2005. 'Cultural Difference in Conceptual Models of Depression: *Social Science and Medicine*, 60:7, 1625-1635.

Kassian, M.A., 1992. *The Feminist gospel: The movement to unite feminism with the church*, Crossway Books, Wheaton, IL

Katz, P. A., 1986. Gender identity: Development and consequences. In R. D. Ashmore & F. K. Del Boca (Eds.), *The social psychology of female-male relations: A critical analysis of central concepts* (pp. 21–67). New York: Academic Press.

Keating, F., Robertson D., 2004. Fear, black people and mental illness. A vicious circle? *Health and Social Care in the Community* 12 (5), 439-447.

Keller, R.C., 2007. *Colonial Madness. Psychiatry in French North Africa*. The Chicago: University of Chicago Press.

Killie, D., A., 2001. *Psychological Biblical Criticism*, Minneapolis: Fortress Augsburg

Killingray, D., 1994. (ed.). *Africans in Britain*. Ilford: Frank Cass.

- Kim, K., 2011. Europe: Bridge or barrier to inclusion?'. *International Migration Review* 42 (2): 360-392
- King M., Nazroo, J., Weich S., et al., 2005. Psychotic symptoms in the general population of England: a comparison of ethnic groups (The EMPIRIC Study). *Soc Psychiatry Psychiatr Epidemiol.* 40 (5), pp.375-381
- Kluckhohn, C., 1969. *Mirror For Man: The Relation of Anthropology to Modern Life*. New York:McGraw Hill.
- Koenig, H.G., and Cohen, A.B., 2002. The Role of Spirituality in Palliative Care, *Geriatric Times* (3) pp.25-26
- Koenig, H.G., King, D. and Carson, V.B., (eds.) 2012. *Handbook of Religion and Health*. Oxford and New York: Oxford University Press.
- Koenig, H.G., (ed.) 2008. *Handbook of Religion and Mental Health*. Oxford and New York: Oxford University Press
- Koenig, H.G., 2009. Research on Religion, Spirituality, and Mental Health: A Review. *The Canadian Journal of Psychiatry*, 54 (5), pp.283-291.
- Koenig, H. G., 2001, Religion and medicine II: religion, mental health, and related behaviors: *Int.J.Psychiatry Med.*, v. 31, no. 1,p. 97-109.
- Koenig, H. G., 1988, Religious behaviors and death anxiety in later life: *Hosp.J.*, v. 4, no. 1, p. 3-24.
- Koro-Ljunberg, M., 2008. Validity and validation in the context of qualitative research. *Qualitative Health Research*, 18(7), pp.983-89.
- Koser, K., 2003. *New African diasporas*. London: Routledge.
- Krause, K., 2014. Space in Pentecostal Healing Practices among Ghanaian Migrants in London. *Medical Anthropology*, 33, pp.37-51.
- Kubota, R., 1999. Japanese culture constructed by discourses: Implications for applied linguistics research and ELT. *TESOL Quarterly*, 33, 9-35.
- Kuhn, D., 2002. The effects of active and passive participation in musical activity on the immune system as measured by salivary immunoglobulin A (Sig A), *Journal of Music Therapy*. 39 (1), 30-39.
- Kuper, A., Reeves, S. and Levinson, W., 2008. An introduction to reading and appraising qualitative research. *British Medical Journal*, 337, 288.
- Kuznar, L.A., 2008. *Reclaiming a Scientific Anthropology*. Lanham, MD: Altamira.
- La Fontaine, J. S., 1994 *Speak of the Devil: Tales of Satanic Abuse in Contemporary England*. Cambridge University Press.
- La Fontaine, J. S., 1994. *The extent and nature of organised and ritual abuse: research findings* London: Her Majesty's Stationery
- La Fontaine, J.S., 1994. The current literature about organized abuse of children. *Child Abuse Review*, Vol. 3 (1) <https://doi.org/10.1002/car.2380030103>
- Laker, J., and Davis, T. (eds.) 2011. *Masculinities in higher education: Theoretical and practical implications*. New York: Routledge.
- LaMagdeleine, D.R., 2016. *The leadership imagination:an introduction to taxonomic leadership analysis*.
- Langford, J., 2017. Feminism and Leadership in the Pentecostal Movement. *Feminism Theology*. 26(1) pp.69-79 DOI:pdf/10.1177/0966735017714402
- Langwicks, S.A., 2011. *Bodies, Politics, and African Healing: The Matter of Maladies in Tanzania*. Bloomington, Indiana. Indiana University Press
- Lawler J., 1998. Phenomenologies as research methodologies for nursing: From philosophy or researching practice. *Nursing Inquiry* 5: 104-111
- Leavey, G., 2004. Identity and belief within black Pentecostalism: spiritual encounters with psychiatry. In: David Kelleher, ed. 2004. *Identity and Health*. London: Routledge. Chapter: 3. pp.49-70.
- Leedy, P. and Ormrod, J., 2004. *Practical Research: Planning and Design* (8th edn). Upper Saddle River, NJ: Prentice Hall
- Lefebvre, H., 2003. *The Production of Space*. Trans. Donald Nicholason-Smith. Oxford: Blackwell.
- Leyshon, M., 2002. On being 'in the field': practice, progress and problems in research with young people in rural areas. *Journal of Rural Studies* 18, pp.179-191.

- Levitt, P., 2007. *God Needs No Passport: Immigrants and the Changing American Religious Landscape*. New York and London: New Press.
- Levitt, P., 2003. "You Know, Abraham Was Really the first Immigrant": Religion and Transnational Migration. *International Migration Review* 37(2): 847-873
- Levitt, P., 2001. *The Transnational Villagers*. Berkeley and Los Angeles. University of California Press.
- Levitt, P., 1998. 'Local-level Global Religion: The Case of US-Dominican Migration'. *Journal for the Scientific Study of Religion*, 3, pp.74-89
- Lincoln, Y. (Eds) 2001. *The Handbook of Qualitative Research*. Thousand Oaks: Sage.
- Lincoln, Y.S. and Guba, E.G., 2000. Paradigmatic controversies, contradictions, and emerging confluences. In Denzin, N.K. and Lincoln, S.L. (Eds.) *Handbook of qualitative research*. (2nd Ed.), pp163-188). London: Sage Publications.
- Lindhardt, M., 2009. More than just money: the faith gospel and occult economics in contemporary Tanzania. *Nova Religio: The Journal of Alternative and Emergent Religions* 13, 41-67
- Luhrmann, T., 2000. God as the ground of empathy. *Anthropology Today*, 16(1), 19–21.
- Luszczynska, A., and Schwarzer, R., 2005. *Multidimensional Health Locus of Control: Comments on the construct and its measurement*. [pdf] Available at: <http://journals.sagepub.com/doi/pdf/10.1177/1359105305055307> [Accessed 8 August 2017].
- Lutz, H. and Palenga-Möllenberg, E., 2011. Care, Gender and Migration: Towards a Theory of Transnational Domestic Work Migration in Europe, *Journal of Contemporary European Studies*, 19:3, 349-364, DOI: 10.1080/14782804.2011.610605
- Lyotard, Jean-Francois. (1984). *The postmodern condition: A report on knowledge* (Theory and history of literature volume 10). Manchester UP.
- Macbeth, D., 2001. 'On "Reflexivity" in Qualitative Research: Two Readings, and a Third', *Qualitative Inquiry*, 7(1) pp.35-68.
- Machon, J., 2013. *Immersive Theatres: Intimacy and Immediacy in Contemporary Performance*. London: Palgrave Macmillan
- Macnaughton, J., White, M., Robson, M., and Smith, T., 2001. "CAHHM and common knowledge: the power of music in health-care settings", unpublished manuscript, Centre of Arts and Humanities in Health Care and Medicine, University of Durham, Durham.
- Madison, D. S., 2012. *Critical Ethnography. Method, Ethics and Performance*. 2nd edn. London. Sage.
- Mahler, S.J., 1999. Engendering Transnational Migration: A case Study of Salvadorans. *American Behavioral Scientist* 42(2): 690-719.
- Mahler, S.J., 1995. *The Dysfunctions of Transnationalism*. New York: Russell Sage Foundation.
- Mallet, R., Cole, E., 2002. From Theory to Practice: Operationalising cultural competence into a working model for community mental health services in the UK. *International Sociological Association*, Brisbane Australia,
- Manicom, L., & Walters, S., 1997. Feminist popular education in light of globalization. In S. Walters (Ed.), *Globalization, adult education and training* (pp. 69-78). London: Zed Books.
- Mannion, R., 2005. *Organisational Culture and Leadership*. San Francisco, Jossey
- Manning, P., 2013. *Migration in World History (Themes in World History)*. Routledge. New York. USA
- Manning, P., 2010. African Population: Projections, 1850–1960. In Ittmann, K., Cordell, D.D. and Maddox, G.H. (eds.), *The Demographics of Empire: The Colonial Order and the Creation of Knowledge*. Ohio University Press, Athens, 245-275.
- Manning, P., 2004. "Review of Christopher Ehret, *The Civilizations of Africa: A History to 1800*" *Journal of World History* 15, 2: 243-246.
- Manning, P., 2003. *Navigating World History: Historians Create a Global Past*. New York: Palgrave MacMillan.
- Manning, P., 1990. *Slavery and African Life*. Cambridge University Press, Cambridge
- Mantzoukas, S., 2004. Issues of representation within qualitative inquiry. *Qualitative Health Research*, 14(7), pp.924-1007.

- Marcus, G.E., 1998. Ethnography in/of the world system: The emergence of multi-sited ethnography. In G.E. Marcus, ed. *Ethnography through thick and thin*. Princeton, NJ: Princeton University Press, 79-105.
- Marcus, G., & Birth, K. (1990). Anthropology as cultural critique - an experimental moment in the human sciences. *American Ethnologist*, 17(3), 549-557.
- Mark, L.I., 1998. Deconstructing locus of control: Implications for practitioners. *Journal of counselling and Development*. 76 (3), p. 251
- Marmot Review 2010. *Fair society, healthy lives: strategic review of health inequalities in England*. [pdf] Available at: <<http://www.parliament.uk/documents/fair-society-healthy-lives-full-report.pdf>> [Accessed 7 December 2017]
- Marshall, R., 1993. 'Power in the name of Jesus': social transformation and Pentecostalism in western Nigeria 'revistedf'. In *Legitimacy and the State in Twentieth-Century Africa: Essays in Honour of A.H.M. Kirk-Greene*, ed T. Ranger.O Vaughan, pp.213-46.London: Macmillian
- Marshall-Fratani, R., 1998. Mediating the global and the local in Nigerian Pentecostalism. *J Relig. Afr.* 28:278-315
- Martin, D., 2002 *Pentecostalism : the world their parish*. Blackwell Publishers.
- Massey, D.S., Goldring, L., and Durand, J., 1994. Continuities in Transnational Migration: An Analysis of Nineteen Mexican Communities. *American Journal of Sociology* 99(6): 1492-1533.
- Massey, D., Arango, J, Hugo, G., Kouaouci, A., Pelegrina, A., and Taylor, E., 1993. 'Theories of International Migration: A Review and Appraisal', *Population and Development Review*, 19, pp.431-66.
- Marius, N., 2014. A critical evaluation of theological distinctives of Pentecostal theology *Studia Historiae Ecclesiasticae*(40)1pg. 291-309
- Mazzucato, V., 2008. Transnational reciprocity: Ghanaian migrants and the care of their parents back home. In: E. Alber, S. Van der Geest, W. Geissler and S. Whyte, eds.
- Mbiti, J.S., 2012. *Concepts of god in Africa*, 2nd edn., Acton Publishers, Nairobi.
- Mbiti, J., 1980. The Biblical Basis for Present Trends in African Theology. *International Bulletin of Mission Research*, 4 (3), pp.119-124.
- Mbiti, J.S., 1977. *Introduction to African Religion*. London: Heinemann Books.
- Mbiti, J.S, 1969. *African Religions and Philosophy* London: Heinemann.
- MacLeod, D.J., 2002. *The Trinity and Scripture*. *Emmaus Journal*, 11(2), 133.
- McCall, L., 2005. The complexity of intersectionality. *Signs: Journal of Women in Culture and Society*, 30, 1771–180
- McCormack, J., 2002. Understandings of rurality: exploring the interrelationship between experience and understanding, *Journal of Rural Studies* 18, pp.193–207.
- McGrath, A., 2011. *The Christian theology reader*. Chichester, West Sussex: Wiley-Blackwell.
- McGuire, M.B., 1991. *Ritual Healing in Suburban America*. New Brunswick, NJ: Rutgers University Press.
- McGuire, M.B., 1987. "Ritual, Symbolism, and Healing." *Social Compass* 34: 365-79
- McGuire, M. B., 1982 *Pentecostal Catholics : power, charisma, and order in a religious movement*. Temple University Press.
- McKenna, Terence K. (1989). Shamanism, Colonialism, and the Wild Man. *Whole Earth Review*, (64), 12.
- McVicar A, Caan, W., 2005. Research Capability in doctoral training: Evidence for increased diversity of skills in nursing research. *Journal of Research in Nursing* 10: 627-646.
- Meister, C., 2008. *The philosophy of religion reader* London: Routledge.
- Menzies, W.M., and Menzies, R.P., 2011. *Spirit and Power: Foundations of Pentecostal Experience*. Grand Rapids, MI: Zondervan, 16.
- Meštrović, S.G., 1991. *The coming fin de siècle: an application of Durkheim's sociology to modernity and postmodernism*. Routledge.
- Mestrovic, S.G., 1992. *Durkheim and Postmodern Culture* New York: Aldine de Gruyter.
- Meyer, B., 2004. Christianity in Africa: From African Independent to Pentecostal Charismatic Churches. *Annual Review of Anthropology*, 33, 447-474
- Meyer, B., 2004. "Praise the Lord" Popular Cinema and Pentecostalite Style in Ghana's New Public Space'. *American Ethnologist* 31(1) pp. 92-110.

- Meyer, Jean-Baptiste. 2001. 'Network Approach versus Brain Drain: Lessons from the Diaspora'. *International Migration*, 39(no 5): 91–108.
- Meyer, B., 1998. 'Make a complete break with the past' Memory and post-colonial modernity in Ghanaian Pentecostalist Discourse. *Journal of Religion in Africa*, 28, 316-349.
- Meyer, M., 1992. 'If You Are a Devil, You Are a Witch and, If You are a Witch, You Are a Devil.' The Integration of 'Pagan' Ideas into the Conceptual Universe of Ewe Christians in Southeastern Ghana. *Journal of Religion in Africa*, Vol. 22, pp. 98-132
- Micale, M. S., Porter, R., 1994. *Discovering the History of Psychiatry*. Oxford University Press
- Milanovic, B., 2005. *Worlds Apart: Global and International Inequality, 1950-2000*. Princeton University Press, Princeton, NJ.
- Milanovic, B., 2003. The Two Faces of Globalization: Against Globalization as We Know It. *World Development*, Vol. 31, No. 4, pp. 667–683, 20. doi:10.1016/S0305-750X(03)00002-0
- Milanovic, B., 2002. True world income distribution, 1988 and 1993: First calculations based on household surveys alone. *Economic Journal* 112 (476), January: 51-92.
- Miles, M.B., Huberman, A.M., 1994. *Qualitative Data Analysis*. Second edn. Sage. Thousand Oaks.
- Miller, W.W., 2012. *A Durkheimian Quest: Solidarity and the Sacred*. New York: Bergham Books.
- Milner, N., 2000. Giving the Devil his due process: Exorcism in the Church of England. *Journal of Contemporary Religion* 15(2): pp. 247–272.
- Minkler M., 2004. Ethical challenges for the "outside" researcher in community-based participatory research, *Health Education and Behavior*, [e-journal] 31(6), pp. 684-697 <http://journals.sagepub.com/doi/pdf/10.1177/1090198104269566>
- Minkler, M., 2012. *Community Organizing and Community Building for Health and Welfare* 3rd edn. Piscataway, NJ: Rutgers University Press.
- Mitchem, S. 2007. *African American Folk Healing*. New York: NYU Press.
- Mitchell, D., Jr., 2014b. Intersectionality to social justice –theory to practice [Web log post]. Retrieved from <https://www.naspa.org/constituentgroups/posts/projectintersections-post-1>
- Mitchell, D., Jr., 2014a. Introduction. In D. Mitchell, Jr., C. Y. Simmons, & L. A. Greyerbiehl (Eds.), *Intersectionality & higher education: Theory, research, & praxis* (pp. 1–5). New York, NY: Peter Lang.
- Mkhize, N., 2004. Psychology: An African perspective. In D. Hook, N. Mikhizie, P. Kiguwu, and A. Collins (Eds.). *Critical psychology*. Landsdowne, Cape Town: UCT Press
- Mohan, G., 2002. 'Diaspora and Development'. In: Robinson, J., (ed.) *Development and Displacement*. Milton Keynes: Open University Press, p.77.
- Mohan, G., 1999. Not so distant, not so strange: the personal and the political in participatory research. *Ethics Place and Environment*. [e-journal] 2(1), pp.41-54.
- Monk, J., Manning, P. and Denman, C. 2003. Working together: feminist perspectives on collaborative research and action. *ACEM International Journal for Critical Human Geographies* [e-journal] 2(1) pp.91-106. Available through: Anglia Ruskin University Library website <<http://libweb.anglia.ac.uk>> [Accessed 12 August 2017]
- Morgan, D., 2007. Paradigm lost and pragmatism regained: methodological implications of combining qualitative and quantitative methods. *Journal of Mixed Methods Research*, 1(1), pp.48-76.
- Morier-Genoud, E., "Reverse Mission": A Critical Approach for a Problematic Subject in Bringing Back the Social into the Sociology of Religion. In Burgess, R., 2011. *Bringing Back the Gospel: Reverse Mission among Nigerian Pentecostals in Britain*. *Journal of Religion in Europe* 4 pp. 429–449
- Morse, J. M., Barrett, M., Olson, K., Spiers, J., 2002. Verification strategies for establishing reliability in qualitative research. *International Journal of Qualitative Methods* 1(2),
- Moores, S., 1993. *Interpreting Audiences: The Ethnography of Media Consumption*. London: Sage Publications
- Moyers, B. 1993. *Healing and the Mind*. New York: Doubleday.
- Möller, F.P. Jr., 1997, 'Christ and Pentecostalism', in P.J. Gräbe & W.J. Hattingh (eds.), *The reality of the Holy Spirit in the Church*, pp.140–144, Van Schaik, Pretoria.
- Moris, B., 2006. *Religion and Anthropology: a critical introduction* New York:

Cambridge University Press.

Mrdjenovich, et al. 2012. Providing Guidance on the Health Effects of Religious/ Spiritual Involvement: A National Assessment of University Counseling Professionals. *J Relig Health* 51:198–214 DOI 10.1007/s10943-010-9345-8

Mutongi, Kenda B. 2007. *Worries of the Heart: Widows, Family, and Community in Kenya*. Chicago: University of Chicago Press

Napier, D., 2014. Culture and Health. *The Lancet Commission* 384: 1607-1638.

Nastasi, B. K., 1999. Audiovisual methods in ethnography. In Schensul, J. J.

Nash, J., 2008: Re-thinking intersectionality. *Feminist Review*, 89, 1–15

National Spirituality and Mental Health Forum, 2011. Mental Health, Religion and Culture [online] Available at: <<http://www.spiritualitymentalhealth.org.uk/contact.html>>

[Accessed 9 August 2018]

National Institute for Mental Health in England, 2005. *Guiding Statement on Recovery*. Department of Health. London.

Ndimele, O., 1999. Semantics and the frontiers of communication. Port-Harcourt: University of Port-Harcourt.

Neiland, A., Bennett, E., and Townsley, P., 2005. Participatory Research Approaches What Have We Learned? The experience of the DFID Renewable Natural Resources Research Strategy (RNRRS) Programme 1995-2005, DFID: London.

Neuendorf, K., 2002. The Content Analysis Guidebook. Thousand oaks, CA: Sage

Newton K.M., 1997. Roland Barthes: 'The Death of the Author'. In: Newton K.M. (eds) *Twentieth-Century Literary Theory*. Palgrave, London

New York: Addison Wesley Longman

Ngong, T O.H., 1998. The Role of Traditional medical practitioners: in the context of African traditional concept of health and healing. Paper presented to an International Mental Health Workshop.

Nikoloski, K., 2015. Charismatic Leadership and Power: Using the power of Charisma for better leadership in the enterprises. (*JPMNT*) *Journal of Process Management – New Technologies, International Vol. 3, No.2*

Nichols, Aidan, O.P., 1991. *The Holy Eucharist: From the New Testament to Pope John Paul II*. Dublin: Veritas.

Nielsen, D. A., 1999. *Three Faces of God: Society, Religion, and the Categories of Totality in the Philosophy of Emile Durkheim*. State University of New York Press, Albany, N.Y.

Norman D., 1989. *The Research Act: A Theoretical Introduction to Sociological Methods*. Prentice-Hall, New Jersey.

Norman, T., Ryrie, I., 2009. *The Art and Science of Mental Health Nursing* (2nd edn.) Berkshire. Open University Press.

Nussbaum, M., 2001. *Upheavels of Thought: The Intelligence of Emotions*. Cambridge, Cambridge University Press.

Núñez, L., 2015. Faith Healing, Migration and Gendered Conversions in Pentecostal Churches in Johannesburg. In Palmary et al.,(eds), 2015. *Healing and Change in the City of Gold*. Peace Psychology Book Series 24, DOI: 10.1007/978-3-319-08768-9_9

O'Connor, J. T., 2005. *The Hidden Manna: A Theology of the Eucharist*. San Francisco: Ignatius Press.

Oduro, T., Hennie P., Nussbaum S. & Brain B., 2008, *Mission in an African way: A practical introduction to African instituted churches and their sense of mission*, Christian Literature Fund and Bible Media, Wellington.

Oishi, S., Seol, K. O., Koo, M., & Miao, F. F., 2011. Was he happy? Cultural difference in conceptions of Jesus. *Journal of Research in Personality*, 45(1), 84-91. <https://doi.org/10.1016/j.jrp.2010.11.018>

Ojo, M., 2007. Reverse Mission. In *Encyclopedia of Mission and Missionaries*. Jonathan J. Bonk, Ed. London: Routledge.

Ojo, M.A., 1988. The contextual significance of the charismatic movements in independent Nigeria. *Africa*, 58 (02), pp.175-192.

Okon, E.E., 2014. Christian Missions and Colonial Rule in Africa: Objective and Contemporary Analysis. *European Scientific Journal* Vol.10, No.17

- Olaveson, T., 2001. Collective Effervescence and Communitas: Processual Models of Ritual and Society in Emile Durkheim and Victor Turner. *Dialectical Anthropology* 26: 89–124,
- Omonzejele, P.F., 2008. 'African concepts of health, disease, and treatment: An ethical inquiry', *Explore* 4(2), 120–123. <<http://dx.doi.org/10.1016/j.explore>>.
- Omonzejele, F., 2004. Mental Health Care In African Traditional Medicine And Society: A Philosophical Appraisal. *Eubios Journal of Asian and International Bioethics* 14 (5):165-169.
- O'Neill, K. L., 2010. *City of God: Christian Citizenship in Postwar Guatemala*. Berkeley: University of California Press.
- Osborne, T. 2002. Faith, philosophy, and the nominalist background to Luther's defense of the real presence. *Journal of the History of Ideas*. 63(1), 63.
- Ossman, S., 2007. Introduction. In S. Ossman, ed., *The places we share: migration, subjectivity, and global mobility*: Lanham, MD Lexington Book, 1-17
- Ozolins, A. R., & Stenström, U., 2003. Validation of health locus of control patterns in Swedish adolescents. *Adolescence*, 152, 651–657.
- Pain, R. and Francis, P., 2003. Reflections on participatory research. *Area* 35:1, 46-54.
- Pain, R., 2004. 'Social geography: participatory research', *Progress in Human Geography*, 28:5, 652 – 663.
- Palmary et al., (eds), 2015. *Healing and Change in the City of Gold*. Peace Psychology Book Series 24, DOI: 10.1007/978-3-319-08768-9_9
- Parahoo, K., 2014. *Nursing research : principles, process and issues*. Third ed. Basingstoke: Palgrave Macmillan.
- Parahoo, K., 2006. *Nursing Research: Principles Process and Issues* 2nd ed.
- Parrinder, E.G., 1962a. *African Traditional Religion* SPCK London.
- Pargament, K., I., 2007. *Spiritually integrated psychotherapy: Understanding and addressing the sacred*. New York. N.Y: Guilford Press
- Pargament, K.I., 2017. *The International Journal for the Psychology of Religion* Vol. 27, No. 1, 35-50.
- Parker, B., 1999. "Singing your worries away", *Mastersinger*, No. 32, Summer, Association of British Choral Directors, Sherborne.
- Parks, P., 1999. 'People, Knowledge, and Change in Participatory Research', *Management learning*, 30:2, 141 – 157.
- Parrenas, R., 2005. *Children of global migration: transnational families and gendered woes*. Stanford: Stanford University Press.
- Patel, V., 1995. Explanatory models of mental illness in Sub-Saharan. *Soc. Sci. Med.* Vol. 40, No 9. Pp 1291- 1298
- Penzhorn, C., 2002. 'The Use of Participatory Research as an Alternative approach for Information Needs Research', *Aslib Proceedings*, 54:4, 240 -250.
- Pew Forum*, 2006, 'Historical overview of Pentecostalism in South Africa' Accessed, 20 September 2018, from <http://www.pewforum.org/Christian/Evangelical-Protestant-Churches/Historical-Overview-of-Pentecostalism-in-South-Africa.aspx>
- Pew Research Center, 2017. *The Changing Global Religious Landscape* Washington, DC.
- Pew Research Center, 2015. *The Future of World Religions: Population Growth Projections, 2010-2050*. Washington, DC 20036 USA
- Pew Forum on Religion & Public Life, 2010. *Tolerance and Tension: Islam and Christianity in Sub-Saharan Africa* <[http://www.pewforum.org/2010/04/15/executive-summary-islam-and-christianity-in-sub-saharan-africa/Religion & Public Life](http://www.pewforum.org/2010/04/15/executive-summary-islam-and-christianity-in-sub-saharan-africa/Religion%20&%20Public%20Life)> (Accessed 27 September 2018).
- Pew Research Center, 2006. *Spirit and Power – A 10-Country Survey of Pentecostals*. <<http://www.pewforum.org/2006/10/05/spirit-and-power/>>
- Pickering, W. S. F., 1984. *Durkheim's Sociology of Religion: Themes and Theories*. – James Clarke and Co Ltd. London
- Pink, S., 2001. 'More Visualising, more methodologies: On video, reflexivity and qualitative research', *The Sociological Review*, Vol. 49, No. 4, pp.586-599.
- Pinto, T.O. 1997. "Healing process as musical drama: the Ebó ceremony in the Bahian

- Phiri, I. & Maxwell, J., 2007, 'Africa's rapid embrace of prosperity Pentecostalism provokes concern and hope', *Christianity Today*, July, 51(7), Accessed 23 June 2016, from <http://www.christianitytoday.com/ct/2007/july/12.22.html?start=1> and *blê of Brazil*" *The World Music of Music*, Vol. 39 No. 1, pp. 11-33.
- Platvoet, J. G. 'African Traditional Religions in the Religious History of Humankind', In Gerrie ter Haar, Ambrose Moyo and Simon J. Nondo (eds), *African Traditional Religions in Religious Education: A Resource Book with Special Reference to Zimbabwe* (Utrecht, 1992), pp. 11–28 (23).
- Pole, C., 2004. *Fieldwork*, London: Sage, 4-volume set.
- Pribilsky, J., 2004. 'Aprendemos a convivir': Conjugal relations, co-parenting, and family life among Ecuadorian transnational migrants in New York City and the Ecuadorian Andes. *Global networks*, 4 (3), 313_334.
- Priest, H., 2004. Phenomenology. *Nurse Researcher [e-journal]* 11 (4) pp. 4-6. www.interscience.wiley.com). DOI: 10.1002/hpm.685
- Priest, H., 2004. Phenomenology. *Nurse Researcher* 11 (4): 4-6.
- Punch, Samantha. (2002). Research with Children: The Same or Different from Research with Adults? *Childhood: A Global Journal of Child Research*, 9(3), 321-41.
- Quarcoopome, T.N.O., 1987. *West African traditional religion*. African Universities Press
- Quinn, N., 2007. Beliefs and Community Responses to Mental Illnesses in Ghana: The Experiences of Family Carers. *International Journal of Social Psychiatry*, 53; p. 175
- Rabbidge, M., 2017. Embracing Reflexivity: The Importance of Not Hiding the Mess, *TESOL Quarterly*, 51, 4, (961-971),
- Raijman, R., Schammah-Gesser, S. and Kemp, A., 2003. International migration, domestic work, and care work: Undocumented Latina migrants in Israel. *Gender and Society*, 17 (5), 727_249.
- Randi, J., 1989. *The Faith Healers*. New, Updated Edition. Amherst, NY: Promertheus.
- Randell, K., 1989. *Access to history: Luther and the German Reformation, 1517–1555*, Hodder & Stoughton, London.
- Rapport, N., and Overing, J., 2006. *Social and Cultural Anthropology: The Key Concepts*. London: Routledge.
- Ratcliff, Donald, & Ratcliff, E., 2008. Psychology and the Bible: A new way to read the scriptures (4 volumes). *Journal of Psychology and Christianity*, 27(4), 373-374.
- Reinhilde, S. K and de Regt M., 2010. Family dynamics in transnational African migration to Europe: an introduction, African and Black Diaspora: *An International Journal*, 3:1, 1-15, DOI: 10.1080/17528630903368232
- Restrepo, E., & Escobar, A., 2006. Responses to "Other Anthropologies and Anthropology Otherwise": Steps to a World Anthropologies Framework' by Eduardo Restrepo and Arturo Escobar (June, 2005). *Critique of Anthropology*, 26(4), 483-488.
- Reilly, E.C., Bauer, Q., 2015. *Women Leading Education across the Continents: Overcoming the Barriers*: Rowman & Littlefield Publishers
- Roberts, K.A., Yamane, D., 2011. *Religion in Sociological Perspective*, 5th ed. Los Angeles: Sage.
- Robson, C., 2002. *Real World Research* 2nd ed. Oxford: Blackwell.
- Robbins, C., and McGowan, L.B., 2016. Intersectional Perspectives on Gender and Gender Identity Development: Intersectional Perspectives on Gender and Gender Identity Development. *New Directions for Student Services*. 71-83. 10.1002/ss.20176.
- Robbins, J., 2007. Community thinking and the problem of Christian culture: Belief, Time, and the Anthropology of Christianity. *Current Anthropology* 48: pp.5-38
- Robbins, J., 2004. The Globalization of Pentecostal and Charismatic Christianity. *Annual Review of Anthropology*; 33:117-43
- Robbins, J., 2001. God Is Nothing but Talk: Modernity, Language and Prayer in a Papua New Guinea Society. *American Anthropologist* 103: 901-12
- Rogers, A., 2013. *Being Built Together: A Story of New Black Majority churches in the London Borough of Southwark*. London: University of Roehampton
- Rollins, Wayne, G., 1999. *Soul and Psyche: The Bible in Psychological Perspectives*, Mineapolis: Fortress Augsburg
- Rose, L., 1971. *Faith Healing*. Harmondsworth, UK: Penguin

- Routhieaux, R.L., and Tansik, D.A., 1997. The benefits of music in hospital waiting-rooms", *Health-Care Supervision*, Vol. 16 No, 2, pp. 31-40.
- Russell, J. B., 1984. *The Devil in the Middle Ages*. Ithaca, N.Y. Cornell University Press.
- Wray T.J., Mobley G., 2005. *The birth of Satan. Tracing the Devil's biblical roots*. New York: Palgrave MacMillan.
- Ryan, C.P., 1987. The Advent and Impact of Christian Missions in Cross River State. In: M.B. Abasiattai, ed. 1987. *Akwa Ibom and Cross River States: The Land, The People and their Culture*. Calabar, CRS : Wusen Press Ltd. pp.205-219.
- Ryon, H., & Gleason, M., 2014. The Role of Locus of Control in Daily Life. *Personality and Social Psychology Bulletin*, 40(1), 121-131.
- Sackey, B.M., 2006. *New Directions in Gender and Religion: The Changing Status of Women in African Independent Churches*. Lanham: Rowman and Littlefield
- Safran, W., 2003. "Diaspora: concepts, typologies, and theories", paper presented at the world congress of the International Political Science Association, Durban, South Africa, 29-June – 4 July
- Safran, W., 1999. "Comparing Diasporas: A Review Essay." *Diaspora: A Journal of Transnational Studies*, vol. 8 no. 3, pp. 255-291. *Project MUSE*, doi:10.1353/dsp.1999.0002
- Safran, W., 1991. "Diasporas in modern societies: myths of homeland and return", *Diaspora* 1 (1): 1-17
- Saltman, R. B., Figueras, J., Sakellarides, C., 1998. *Critical Challenges For Health Care Reform In Europe*. Maidenhead: Open University Press.
- Salzman, P. C., 2001. *Understanding culture: An introduction to anthropological theory*. Prospect Heights, Illinois: Waveland Press
- Sanal, A.A., Gorsey, S., 2014. Psychological and physiological effects of singing in a choir. *Psychology of Music, [e-journal]* 42(3), pp. 420-429. <http://journals.sagepub.com/doi/10.1177/0305735613477181>
- Sanneh, L., 1990. *Translating the Message: The Missionary Impact on Culture*. Maryknoll, New York.
- Savas, D. G., 2016. Christian Faith as a Resiliency Factor in Coping with Immigration and Unemployment: Mental Health Implications, *Journal of Spirituality in Mental Health*, [e-journal] 18(1) pp.24-42, <https://doi.org/10.1080/19349637.2015.1112251>
- Schoeneman T.J., 1982. Criticisms of the psychopathological interpretation of witch hunts: A review. *American Journal of Psychiatry* 139, 1028-32. In Scull, A., (2006) *The Insanity of Place The place of Insanity*. Routledge
- Schwarzer, R., 2001. Social-cognitive factors in hanging health-related behaviour. *Current Directions in Psychological Science*, 10, 47–51.
- Schoumaker, et al., 2015. Changing patterns of African Migration: A Comparative Analysis. In C Beauchemin (ed.), *Migration between Africa and Europe: Trends, Factors and Effects*. New-York: *Springer-Verlag & INED Population Studies series*
- Schjoedt et al., 2011. The power of charisma perceived charisma inhibits the frontal executive network of believers in intercessory prayer. *SCAN* (2011)6,119-127 doi:10.1093/scan/nsq023
- Schjoedt, U., Stødkilde-Jørgensen, H., Geertz, A.W., Roepstorff, A., 2009. Highly religious participants recruit areas of social cognition in personal prayer. *Social Cognitive and Affective Neuroscience*, 4, 199–207.
- Seligman, M. E. P., 1991. *Learned optimism*. New York: Knopf.
- Servaes, J., 1999. *Communication for development: One World, Multiple Cultures*, Hampton Press, Cresskill, NJ.
- Setswe, G., 1999, 'The role of traditional healers and primary health care in South Africa', *Health SA Gesondheid* 4(2), 56–60. <http://dx.doi.org/10.4102/hsag.v4i2.356>
- Shain, Y. 2007. *Kinship & Diasporas in International Affairs*, University of Michigan Press.
- Shain, Y., and Barth, A., 2003. "Diasporas and international relations theory", *International organization* 57 (3): 449-7910. 1017/S0020818303573015.
- Sharpley, M., Hutchinson, G., McKenzie, K., 2001. Understanding the excess of psychosis among the African-Caribbean population in England. *British Journal of Psychiatry*, 178, 40, pages 60-68.

- Shariff, A. F., and Norenzayan, A., 2011. 'Mean Gods Make Good People: Different Views of God Predict Cheating Behavior', *International Journal for the Psychology of Religion*, 21: 2, 85 — 96 DOI: 10.1080/10508619.2011.556990
- Sheldrake, P., 2001. *Spaces for the Sacred: Place, Memory and Identity*. Baltimore, MD: Johns Hopkins University Press.
- Shyllon, F., 1992. "The Black Presence and Experience in Britain: An Analytical Overview", In Gundara and Duffield eds. (1992), *Essays on the History of Blacks in Britain*. Avebury, Aldershot.
- Shoko, T., 2016 *Karanga Indigenous Religion in Zimbabwe: Health and Well-Being*. Routledge. New York, USA.
- Silverman, D., 2013. *Doing qualitative research: A practical handbook* (Fourth ed.).
- Sigona, N., Gamlen, A., Liberatore, G., and Neveu Kringelbach, H. (eds.), 2015. *Diasporas Reimagined: Spaces, Practices and Belonging*, Oxford: Oxford Diasporas Programme.
- Singh, J., 2015. Religious Agency and the Limits of Intersectionality. *Hypatia* vol. 30, no. 4
- Silverman, D., 2014. *Interpreting qualitative data*. [e-book] 5 ed. Los Angeles: SAGE. Available through: Anglia Ruskin University Library website <<http://libweb.anglia.ac.uk>> [Accessed 17 January 2018].
- Silverman, D., 2013. *Doing qualitative research: A practical handbook* (Fourth ed.).
- Singh, S.P., Croudace, T., Beck, A., and Harrison, G., (1998). Perceived ethnicity and the risk of compulsory admission. *Social Psychiatry and Psychiatric Epidemiology*. 33, pp.39-44
- Skelton, T., 2001. 'Cross-cultural research: issues of power, positionality and 'race'', In Limb, M. & Dwyer, C. (eds.) *Qualitative Methodologies for geographers: Issues and Debates*, London: Arnold.
- Slay, G., 2007. Let's get spiritual. *Mental Health Practice*, 11, pp.26-28.
- Smith, F.M., 2010. Medicine, Religion, and the Body *Journal of Religious Studies* [e-journal] 36(3)pp.11-15.https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1748-0922.2010.01444_2.x
- Smith, P., Petralia, J., & Hewitt, K., 2005. Tuned in: Listening to student voices. *Principal Leadership*, 6(3), 28-33.
- Sökefeld, M., 2006 'Mobilizing in transnational space: a social movement approach to the formation of diaspora' *Global Networks* 6(3): pp.265-284.
- Sökefeld, M., 1999. Debating Self, Identity, and Culture in Anthropology. *Current Anthropology*, 40(4) pp. 417-447
- Sokolowski, R., 1994. *Eucharistic Presence: A Study in the Theology of Disclosure*. Washington, D.C.: The Catholic University of America Press.
- Solomon, P., 2002. Discovering information in context. *Annual review of information science and technology*, 36, 229-264.
- Sökefeld, M., 2001. *Reconsidering Identity*. [online] Available at: <http://www.jstor.org/stable/40465555> [Accessed: 10 October 2018]
- Sökefeld, M., 2006. 'Mobilizing in Transnational Space: A Social Movement Approach to the Formation of Diaspora.' *Global Networks* 6(3):265-284.
- Sparkes, A.C., 2002b. *Autoethnography speaking: Autoethnography, literature, and aesthetics*, New York: AltaMira
- Sparkes, A.C., 2002a. *Telling tales in sports and physical activity: A qualitative journey*. Champaign, IL: Human
- Sparkes, A. C., 2000. Autoethnography and narratives of self: Reflections on criteria in action. *Sociology of Sports Journal*, 17, 21-41
- Spector, R., 2001. Is there racial bias in clinicians' perceptions of the dangerousness of psychiatric patients? A review of the literature. *Journal of Mental Health*. 10(1) pp. 5-15.
- Spilka, B., Armatas, P., and Nussbaum, J., 1964. The concept of God: A factor analysis approach. *Review of Religious Research*, 6, 28-36
- In Cummings et al., 2017. A Comparison of Christians' concepts of Jesus Christ and God. *Journal for the Psychology of Religion*. 27(1), pp. 35-50
- Spiro, M.E., 1996. Postmodernist Anthropology, Subjectivity, and Science. A Modernist Critique. *Comparative Studies in Society and History*. 38(1), 759-780.
- Spottiswoode, 1975 In Aidan, O.P. Nichols, *The Holy Eucharist: From the New Testament to Pope John Paul II* (Dublin: Veritas, 1991), 27.
- Spradley, J., 1980. *Participant Observation*. New York, Holt: Rinehart and Winston.

- Squires, R., 2008. Intersecting Inequalities: Reflecting on the Subjects and Objects of Equality. *The Political Quarterly*. Volume 79 (1) pp. 53-61
<<https://doi.org/10.1111/j.1467-923X.2008.00902.x>>
- Stacy, R., Brittain, K., Kerr, S., 2002. "Singing for health: an exploration of the issues", *HealthEducation*, Vol.102Issue:4, pp.156-162, <https://doi.org/10.1108/09654280210434228>
- Stark, R., 2003. *One true God: historical consequences of monotheism*. Princeton University Press.
- Stark, R., Finke, R., 2000. *Acts of Faith: Explaining the Human Side of Religion*. Berkeley: University of California Press.
- Stepick, A., Rey, T., & Mahler, S., 2009. Churches and Charity in the Immigrant City: Religion, Immigration, and Civic Engagement in Miami. *The Journal of Latin American and Caribbean Anthropology* [e-journal] 18 (3), pp. 285.
- Stepick, A., 2005. God Is Apparently Not Dead: The Obvious, the Emergent, and the Unknown in Immigration and Religion. In *Immigrant faiths: Transforming Religious Life in America*, ed. K. Leonard, A. Stepick, M.A., Vasquez, and J. Holdaway, 11-37. Lanham, MD: Alta Mira Press
- Stevenson, K., 1995. Eucharistic Presence. A Study in the Theology of Disclosure (Book Review). *The Journal of Theological Studies*, 46(2), 811-813.
- Steigenga, T.J., 2001. *The Politics of the Spirit: The Political Implications of Pentecostalized Religion in Costa Rica and Guatemala*. Lanham, MD: Lexington
- Stewart, P.J., Strathern, A., 2001. The great exchange: moka with God. *J Ritual Stud.* 15(2):91-104
- Steenwyk, et al., 2010. Images of God as They Relate to Life Satisfaction and Hopelessness, *The International Journal for the Psychology of Religion*, 20:2, 85-96, DOI: 10.1080/10508611003607942
- Stringer, M.D., 1999. On the Perception of Worship: the Ethnography of worship in Four Christian Congregations in Manchester. Birmingham, AL.: Univ. Birmingham Press
- Stolz, J., 2011. "All things are possible". Towards a sociological explanation of Pentecostal miracles and healing. *Sociology of Religion*, 72(4), pp.456-482. Doi:10.1093/socrel/srr019
- Stolz, J., 2009 "Gods and Social Mechanisms. New Perspectives for an Explanatory Sociology of Religion." In Raymond Boudon. *A life in Sociology*, edited by M. Cherkaoui, and P. Hamilton, 171-88. Oxford: Bardwell.
- Stolz, J., 2006. "Salvation Goods and Religious Markers: Integrating Rational Choice and Weberian Perspectives." *Social Compass* 53:13-32
- Stolz, J., and Oliver, F., 2005. "The Evangelical Milieu. Defining Criteria and Reproduction across the Generations." *Social Compass* 52:169-83.
- Strawn, D. B., and Matthew, A. , 2008. Correlation of Self-Perception and Image of Christ Using the Five-Factor Model of Personality. *Pastoral Psychology*. 56. 341-353. 10.1007/s11089-007-0106-x
- Styan, D., 2007. The security of Africans beyond borders: migration, remittances and London's transnational entrepreneurs. *International Affairs* [e-journal] 83(6). pp1171-1191. <https://doi.org/10.1111/j.1468-2346.2007.00680.x>
- Sutcliffe, B., 2004. "World Inequality and Globalization," *Oxford Review of Economic Policy* 20, 15–37.
- Sutton, J., & Austin, Z., 2015. Qualitative Research: Data Collection, Analysis, and Management. *The Canadian Journal of Hospital Pharmacy*, 68(3), pp. 226–231.
- Sutcliffe, B., 2003. A more or less unequal world? World income distribution in the 20th century. Working Paper No. 54, Political Economy Research Institute, University of Massachusetts, Amherst. Published as: World inequality and globalization. *Oxford Review of Economic Policy* 20 (1): 15-37.
- Svedberg, P., 2003. World income distribution: which way. Institute for International Economic Studies, Stockholm. *Journal of Development Studies* 40 (5), June 2005: 1-32.
- Synan, V., 2003. *Voices of Pentecost: Testimonies of Lives Touched by the Holy Spirit*. Ann Arbor, MI: Gospel Light, 122.
- Synan, V., (ed), 1975. Aspects of Pentecostal-Charismatic origins. Plainfield: NJ: Logos International

- Tackey, A. N. D., Barnes, H., and Khambhaita, P., 2011. *Poverty, ethnicity and education*. Joseph Rowntree Foundation. [pdf] Available at: <<https://www.jrf.org.uk/report/poverty-ethnicity-and-education>> [Accessed 8 August 2017]
- Tedlock, B., Ethnography and Ethnographic Representation, In Denzin, N. and Terence, N, 2002. "Transubstantiation and Eucharistic Presence." *Pro Ecclesia* 11(1) pp. 157–75.
- Terence, N., 2002. "Transubstantiation and Eucharistic Presence." *Pro Ecclesia* 11 (1) pp. 57–75.
- Ter Haar, G., and Ellis. G., 2006. The Role of Religion in Development: Towards a New Relationship between Europe and Africa. *The European Journal of Development Research* 18(3):351–367.
- Tew, J., 2005. *Social Perspectives in Mental Health: Developing Social Models to understand and work with Mental Distress*. London and Philadelphia, Jessica Kingsley Publishers.
- Thiessen, J., 2012 'Marginal Religious Affiliates in Canada: Little Reason to Expect Increased Church Involvement', *Canadian Review of Sociology* 49, no. 1, 69-90
- Thiessen, J., McAlpine, B., 2013. Sacred space: function and mission from a sociological and theological perspective. *International Journal for the Study of Christian Church*, Vol. 13, No. 2, 133-146.
- Thomas P., Bracken, P., 2004. Critical psychiatry in practice. *Advances in Psychiatric Treatment* 10: pp.361-370
- Thomas, E., 2009, 'The Spatial location of God and Casper the friendly Ghost' *The Royal Institute of Philosophy, Think*, 21, Vol. 8, pages 53-61
- Thomas, J., 1993. Doing critical ethnography: Qualitative research methods series 26. Sage Publications, London
- Thomas, N., 1994. *Colonialism's Culture: Anthropology, Travel and Government*. Princeton University Press
- Thompson, J. 1998 'Community Identity and World Citizenship', in D. Archibugi, D. Held, M. Köhler (eds) 1998 op. cit.: 179–97.
- Thornton, R.J., 2010. The market for healing and elasticity of belief: Medical pluralism in Mpumalanga, South Africa. In M. Dekker and R. van Dijk (Eds.), *Markets of well-being: navigating health and healing in Africa African Dynamics*, Vol. 9, pp.144-172). Leiden: E.J Brill.
- Tillapaugh, D., Mitchell Jr. D., and Soria, K.M., 2014. Considering Gender and Student Leadership Through the Lens of Intersectionality In *Critical Perspectives on Gender and Student Leadership*. Tillapaugh, D., Haber-Curran, 2014. Wiley and Sons
- Timmermanns, S., 2006. *Postmortem: How Medical Examiners Explain Suspicious Deaths*. Chicago: University of Chicago Press.
- Tonah, S., Setrana, M.B., and Arthur, J.A., 2017. *Migration and Development in Africa Trends, Challenges, and Policy Implications*. Lexington Books. Rowman & Littlefield International. New York
- Toner, P., 2011. Transubstantiation, essentialism, and substance. *Religious Studies*, [e-journal] 47(2), pp.217-231 <https://doi.org/10.1017/S0034412510000272>.
- Trueba, E.T., Bartolomé, L.I., 2000. *Immigrant Voices: In Search of Educational Equity*. Rowman & Littlefield Publishers
- Truter, I., 2007. African Traditional Healers: Cultural and Religious Beliefs Intertwined in a Holistic way. *South African Pharmaceutical Journal* 0038-2558, 74,8: 56-60.
- Kofi-Tsekpo, M., 2004 Institutionalization of African traditional medicine in health care systems in Africa. *Afr J Health Sci*. 11(1-2):i-ii.
- Turner, B.S., 2014. Religion and contemporary sociological theories. *Current Sociology*, 62 (6), pp.771-788.
- Turner, B., & Martín, E., 2011. The new Blackwell companion to the sociology of religion. *International Sociology*, 26(5), 675-678.
- Turner, E.L.B., 1992. *Experiencing ritual a new interpretation of African healing*. [e-book] Philadelphia: Philadelphia: University of Pennsylvania Press. Available through: Anglia Ruskin University Library website <<http://libweb.anglia.ac.uk>> [Accessed 8 November 2017]

- Ugba, A., 2006b. African Pentecostals in 21st Century Ireland. *Studies*.95 (378), pp. 163-173
- Ugba, A., 2006a 'Between God and Ethnicity': Pentecostal African Immigrants in 21st Century Ireland' *Irish Journal of Anthropology*: 9(3), pp.56-63
- Ugba, A., 2009. Beliefs, Boundaries and Belong: African Pentecotal in Ireland. *Ethnicities and Values in a Changing World*
- Ugot, M., 2014. Language and Power in Cross River State, Nigeria. *Mediterranean Journal of Social Sciences* [e-journal] 5(10) pp. 648-656
<http://dx.doi.org/10.5901/mjss.2014.v5n10p648>
- Ugot, Mercy I., & Offiong, Offiong Ani. (2013). Language and communication in the Pentecostal church of Nigeria: The Calabar axis. *Theory and Practice in Language Studies*, 3(1), 148-154.
- Ugwuaja, A. A. and Ubaku, K. C., 2013. 'The Igbo Language and the Fear of Extinction: A Focus on Contemporary Pentecostal Churches in Igboland', in *3rd International Symposium on the Union Igbo Bible*. Gregory University, Uturu, Abia State
- Ukah, A., 2007. *African Christianities: Features, promises and problems* (Arbeitspapiere/working Papers Nr.79). Institute for Ethnologie und Africasudien, Johannes Gutenberg Universitat, Mainz.
- Umoh, J.O. 2005. *Elements of Sociology of Religion*. Ikot Ekpene: Iwoh Publishers
- United Nations Development Programme (UNDP) (2017), The 2030 Agenda for Sustainable Development and its 17 Sustainable Development Goals (SDGs) [online] Available at: <https://unstats.un.org/sdgs/files/.../2017/TheSustainableDevelopmentGoalsReport2017> [Accessed 9 March 2018]
- United Nations Development Programme (UNDP), 2017. study that provides policy guidance to reduce income inequality in sub-Saharan [online] Available @ <<https://unstats.un.org/sdgs/files/.../2017/TheSustainableDevelopmentGoalsReport2017>> [Accessed 9 March 2018]
- United Nations University World Institute for Development Economics Research (UNU-WIDER). 2004. The impact of globalization on the world's poor www.wider.unu.edu/ (Accessed April 10, 2017).
- Umoh, D., 2013. "Prosperity Gospel and the Spirit of Capitalism: The Nigerian Story", *African Journal of Scientific Research*, (12), 1, 657.
- Van Hear, N., Barbelet, V., Bennett, C. and Lutz H., 2018. *Refugia Roundtable – Imagining Refugia: Thinking Outside the Current Refugee Regime*, *Migration and Society* 1:1, pp:175–194; DOI: <https://doi.org/10.3167/arms.2017.010116>
- Varlotta, L. E., 2001. Using postmodern feminism to reconceptualize "citizenship" and "community." In C. L. Outcalt, S. K. Faris, & K. N. McMahon (Eds.), *Developing nonhierarchical leadership on campus: Case studies and best practices in higher education* (pp. 49–63). Westport, CT: Greenwood. DANIEL
- Van Hear, N., 2010. 'Diaspora and Migration'. In: Knott, K., and McLaughlin, S. (eds.), *Diaspora: Concepts, Intersections, Identities*. London: Zed Books
- Van Hear, N., 2012. 'Between the local and the Diasporic: The Shifting Centre of Gravity in War-torn Sri Lanka's Transnational Politics'. *Contemporary South Asia* 20(1): 61-75.
- Van Dijk, R.A., 2002, 'Religion, reciprocity and restructuring family responsibility in the Ghanaian Pentecostal diaspora', in D.F. Bryceson & U. Vuorela (eds.), *The transnational family: New European frontiers and global networks*, pp. 182–190, Berg, Oxford.
- Van Dijk, R.A., 2001, 'Contesting silence: The ban on drumming and the musical politics of pentecostalism in Ghana', *Ghana Studies* 4, 31–64.
- Van Dijk, .R.A., 2000. *Christian fundamentalism in Sub-Saharan: the case of Pentecostalism*. [pdf] Available at: <http://teol.ku.dk/cas/publications/publications/occ._papers/vandikj2000.pdf> [Accessed 24 March 2017].
- Vardy, P., 1999. *The Puzzle of God*. London: Fount.
- Vasquez, M., 2010. 'Diaspora and Religion'. In: Vasquez, M., Knott, K., and Cuban., S. (eds) *Diaspora: Concepts, Intersections, Identities*. London and New York: Zed Books
- Vega, W.A, Kolody, B., and Agritar- Gaxiola, S., 2001. Help seeking for mental health problems among Mexican Americans. *Journal of Immigrant Health*, [e-journal] 3(3), pp. 133-

140. Available through: Anglia Ruskin University Library website <<http://libweb.anglia.ac.uk>> [Accessed 8 November 2017]
- Von C., Scheve, C. 2011. Collective emotions in rituals: Elicitation, Transmission, and a "Matthew-Effect in Michaels, A., Wulf, C. (Eds.) *Emotions in Rituals*. London: Routledge. Pp 55- 77
- Wainwright, G., 1989. "The Eucharist in the Churches' Responses to the Lima Text."
- Wallcraft, J., 2005. *Recovery from Mental Breakdown' in Social Perspectives in Mental Health*. Jessica Kingsley.
- Wallerstein, N. Duran, B., 2010. Community-Based Participatory Research Contributions to Intervention Research: The Intersection of Science and Practice to Improve Health Equity. *American Journal of Public Health*. [e-journal] 100(1), pp.40-46 <https://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2009.184036>
- Wallston, K.A., Wallston, B.S. and Devellis, R., 1978. Development of the multidimensional Health Locus of control (MHLC) Scales. *Health Education Monographs*, 6, 160-170
- Währisch-Obiau, C, 2009. The Missionary self-Perception of Pentecostal/Charismatic Church Leaders from the Global South in Europe. Leiden: Brill.
- Walsh, O.P., Liam G., 2001. "An Ecumenical Reading of Aquinas on the Eucharist." In *Liturgia Et Unitas*, 226–240. edited by M. Klöckener and A. Join-Lambert. Fribourg: Universitätsverlag Freiburg Schweiz.
- Warrington, K., 2006. "Gifts of healing." In *Encyclopedia of Pentecostal and Charismatic Christianity*, edited by S.M. Burgess, pp. 232-36. New York: Routledge.
- Warfield, R.A., 2012. Durkheim's theory of modernity: Self-regulating practices as constitutive orders of social and moral facts. *Journal of Classical Sociology* 12(3-4): 479-512.
- Wasson, C. (2000). Ethnography in the Field of Design. *Human Organization*, 59(4), 377-388.
- Watkins, P., 2007. *Recovery: a guide for mental health practitioners*. Churchill Livingstone. Elsevier.
- Watson, R., et al. 2008. *Nursing Research, Designs and Methods*. Churchill: Livingstone Elsevier.
- Watts, M. W., 2012. *A Durkheimian Quest: Solidarity and the Sacred*. New York: Berghahn.
- Weber, B.M., 2015. Gender, race, religion, faith? Rethinking intersectionality in German feminism. *European Journal of Women's Studies* 22 (1): 22-36
- Weber, M., 1978. *Economy and Society. An Outline of Interpretive Sociology*. Berkeley: University of California Press.
- Weber, M., 1963. *The Sociology of Religion*. Boston: Beacon
- Weber, M., 1962. *Basic concepts in sociology*. London: Peter Owen
- Webb, K., 1997. Religious Language *Annual Reviews. Anthropology*. 26:47.71
- Webb, C., 1992. The use of the first person in academic writing: objectivity, language and gatekeeping. *Journal of Advanced Nursing* 17, 747–752.
- Webster, M., 1999. *Encyclopaedia of World Religion* Massachusetts. Miriam–Webster incorporated.
- Weeks, N.P., 1996. Reconciling scientific and religious discourse about madness during the age of reason: lessons for today? *Journal of Psychiatric and Mental Health Nursing*, 1996, 3, 95-101.
- Weiss, R. L. and Heyman, R. E., 1997. "A clinical research overview of couples interactions". In *Clinical handbook of marriage and couples interventions*, Edited by: Halford, W. K. and Markman, H. J. 13–42. Chichester, England: Wiley.
- Welz, C. (2016). Difficulties in Defining the Concept of God: Kierkegaard in Dialogue with Levinas, Buber, and Rosenzweig. *International Journal for Philosophy of Religion*, 80(1), 61-83.
- Wenger, E.E., 2000. *Communities of Practice: The organizational Frontier*, [pdf] Available at: <https://ai.wu.ac.at/~kaiser/literatur/cop-1.pdf> [Accessed 12 November 2018]

- Westerlund, J. and Edgerton, D., 2006. Simple Tests for Cointegration in Dependent Panels with Structural Breaks," Working Paper, Lund University.
- Westerlund, J. and Edgerton, D., 2005. "Panel Cointegration Tests with Deterministic Trends and Structural Breaks," Working Paper, Lund University.
- Whatley, W., 2012b. The Gun-Slave Cycle in the 18th Century British Slave Trade in Africa. MPRA Paper No. 44492.
- Whatley, W., 2012a. The Transatlantic Slave Trade and the Evolution of Political Authority in West Africa, MPRA Paper No. 44932.
- Whatley, W. and Gillezeau, R., 2011. The Impact of the Transatlantic Slave Trade on Ethnic Stratification in Africa. *American Economic Review* 101, 571-576.
- White, P., 2015. 'The concept of diseases and health care in African traditional religion in Ghana', *HTS Teologiese Studies/Theological Studies* 71(3), Art. #2762, 7 pages. <http://dx.doi.org/10.4102/hts.v71i3.2762>
- White, P., 2012, 'Causes for the upsurge of imprecatory prayer in contemporary African Christian churches', *American Journal of Biblical Theology* 13(32), 5.
- Wickström, G., and Bendix, T., 2000. The Hawthorne effect- What did the original Hawthorne studies actually show? *Sand J work Environ Health*, Vol 26 (4): 363-367
- Wiegand, K., and Weiss, H., 2006. "Affective Reactions to the Thought of "God": Moderating Effects of Image of God," *Journal of Happiness Studies*, Springer, vol. 7(1), pages 23-40,
- Wijzen, F., 2000. Popular Christianity in East Africa: Inculturation or Syncretism? *Exchange*, 29 (1).
- Wilding, C., 2003. *Integrating spirituality, occupation, and mental illness: A journey through life of meaningful being and doing*. Unpublished master's thesis, University of South Australia, Adelaide, South Australia, Australia.
- Williams, B., and Healy, D., 2001. Perceptions of illness causation among new referrals to a community mental health team: explanatory model or explanatory map? *Social Science and Medicine*, 53, 465-476
- Williams, C.C., 2010. *Cultural competence in mental health services*. [pdf] Available at: <www.metropolis.net/...health/Immigrant%20Mental%20Health%20-%20pgs55-58.pdf> [Accessed 10 November 2017]
- Williams, P.D., 2007. Thinking about security in Africa *International Affairs*, [e-journal] 83(6) pp. 1021–1038. <https://doi.org/10.1111/j.1468-2346.2007.00671>.
- Williams, E., 1944. *Capitalism and Slavery*. Chapel Hill: University of North Carolina Press. USA
- Williamson, M.K., 2009. Evidence Based Practice: Critical Appraisal of Qualitative Evidence. *Journal of Am Psychiatric Nurses Association*. Vol 15 (3) pp. 202-207.
- Wonsuk, M., 2007. 'When the Poor are Fired Up': The Role of Pneumatology in Pentecostal-charismatic Mission. Transformation. 24/1 January 2007. <http://journals.sagepub.com/doi/pdf/10.1177/026537880702400105>
- Wood, J.M, 2013. "Patriarchy, feminism and Mary Daly: A systematic theological enquiry into Daly's engagement with gender issues in Christian theology", *DTh* thesis, College of Human Sciences, University of South Africa, Pretoria
- World Bank. 2017. *World Bank Annual Report 2017 (English)*. Washington, D.C. World Bank Group. <http://documents.worldbank.org/curated/en/143021506909711004/World-Bank-Annual-Report-2017>
- World Bank. 2012. *World Development Report: Gender Equality and Development*. Washington: World Bank.
- World Council of Churches (WCC), 2013. *Resource Book* [pdf] Available at: <wcc2013.info/en/resources/documents/ResourceBook_en.pdf> [Accessed 6 September 2017]
- World Council of Churches, 1982. *Baptism, Eucharist, and Ministry*. [online] Available at: <<https://capitadiscovery.co.uk/roehampton/items/11049>> [Accessed 16 December 2017].
- World Health Organisation (WHO), 2014. Traditional Medicine Strategy 2014- 2023 <http://apps.who.int/iris/bitstream/handle/10665/92455/9789241506090_eng.pdf?sequence=id=BAD8F2F4430E1B6ADA8BFB494BF32C38?sequence=
- World Health Organisation (WHO), 2010, *The African health monitor*, special issue 14, African traditional medicine day, WHO regional office for Africa, Brazzaville.

- World Health Organisation (WHO), 2001, *Legal status of traditional medicine and complementary/alternative medicine: Worldwide review*, WHO, Geneva.
- World Health Organisation (WHO), 2000, *Promoting the role of traditional medicine in health systems: A strategy for the African region*, (Document reference AF/ RC50/9, res, AF/RC50/R3), WHO.
- Wray, H., 2011. *Regulating Marriage Migration into the U.K: Astarnger in the Home*. Farnham and Burlington: Ashgate
- Wray T.J., Mobley, G., 2005. *The birth of Satan. Tracing the Devil's biblical roots*. New York: Palgrave MacMillan.
- Wright, S., 1994. *Culture in Anthropology and Organizational Studies*. In *Anthropology of Organizations*. London: Routledge.
- Wuthnow, R., Offutt, S, Yannick, F., 2010. The Holy Spirit and the Pentecostal Habitus: Elements for a Sociology of Institution in Classical Pentecostalism. *Nordic Journal of Religion and Society* 23 (2): 157–176
- Wuthnow, R., 2008. The Sociological Study of Values. *Sociological Forum* Volume 23, Issue 2 <<https://doi.org/10.1111/j.1573-7861.2008.00063.x>>
- Wuthnow, R., 1999. Mobilising Civic Engagement: The changing Impact of Religious Involvement. In *Civic Engagement in American Democracy*, ed. T. Skocpol and M.P. Fiorina, 331-364. Washington, DC: Brookings Institution Press.
- Yardley, L., Camic, P.M., Rodes, J.E., (eds), 2003, *Qualitative Research in Psychology: Expanding Perspective in Methodology and Design*, Washington, DC: American Psychology Association.
- Yeh, N.C., 2007. "A framework for understanding culture and its relationship to information behaviour: Taiwanese aborigines' information behaviour" [online] Available at <www.informationr.net/ir/12-2/paper303.html> [Accessed 17 March 2018].
- Young, K., J., 1999. 'Rejoinder to Rita, M. Gross' *Journal of the American Academy of Religion* 67(1), 195-198.
- Yuval-Davis, N., 2011. *The Politics of Belonging: Intersectional Contestations*, Sage Publications
- Yuval-Davis, N., 2011, 'Beyond the recognition and re-distribution dichotomy: intersectionality as stratification', in H. Lutz, M.T. Herrera Vivar & L. Supic, Framing Intersectionality: Debates on a multi-faceted concept in Gender Studies, Farnham: Ashgate
- Yuval-Davis, N., 2010. "Theorizing identity: Beyond the 'Self' and 'Other' Dichotomy." *Patterns of Prejudice*, vol. 44(3):261-280
- Yuval-Davis, N., 2006. Human/Women's Rights and Feminist Transversal Politics. In M. M. Yuval-Davis, N. and P. Werbner, Eds. 1999. *Women, Citizenship and Difference*. London, Zed Books.
- Yuval-Davis, N., 1997. *Gender and Nation*. London, Sage.
- Yuval-Davis, N., 1994. "Women, Ethnicity and Empowerment." *Feminism and Psychology Special Issue on Shifting Identities, Shifting Racisms* 4(1): 179–98.
- Zezeza, P. T., 2005. Changing Historiographical Perspectives on Colonialism." In *Katsuhiko Kitagawa, Retrospect and Prospect of African Historiography: Colonialism and Nationalism*. The Japan Center for Area Studies Occasional Paper No. 26: 5-21.
- Zezeza, T.P., 2005. Rewriting the African Diaspora: Beyond the Black Atlantic *African Affairs*, 104 (414), pp.35-68.
- Zezeza, D., 2005. "Historiography." In Maryanne Cline Horowitz, ed. *New Dictionary of the History of Ideas*. Volume 1. New York: Charles Scribner's Sons.
- Zezeza, P. T., 2003. *Rethinking Africa's Globalization. Vol. I: The Intellectual Challenges*. Trenton, NJ: Africa World Press.
- Zezeza, P.T., 2002. 'Contemporary African Migration in a Global Context'. *African issues*, XXX (1), pp.9-14
- Zezeza, P. T., 1997. *Manufacturing African Studies and Crises*. Dakar. Codesria Book Series.
- Zizek, S., 1997. *The Plague of Fantasies*. Verso, 1997
- Zontini, E., 2004. Immigrant women in Barcelona: coping with the consequences of transnational lives. *Journal of ethnic and migrant studies*. 30 (6), 1113-1144.

APPENDICES

Appendix I: Application for ethical approval- approval letter



Anglia Ruskin
University

Cambridge & Chelmsford

Cambridge Campus
East Road
Cambridge
CB1 1PT

T: 0845 271 3333
Int: +44 (0)1223 363271
www.anglia.ac.uk

15 February 2013

Geoffrey Amoateng
Anglia Ruskin University
Faculty of Health, Social Care and Education
William Harvey Building
Bishop Hall Lane
Chelmsford
CM1 1SQ

Dear Geoffrey,

Re: Application for Ethical Approval

Project Number: 12/042

Project Title: In what ways does culture influence the understanding, uptake and access to mental health services among people from Sub-Saharan background living in London?

Principal Investigator: Geoffrey Amoateng

Thank you for resubmitting your documentation in respect of your application for ethical approval. This has been reviewed by the Chair of the Faculty (of Health, Social Care & Education) Research Ethics Panel (FREP) in advance of the next scheduled meeting in March.

I am pleased to inform you that your research proposal has been approved by the Faculty Research Ethics Panel under the terms of Anglia Ruskin University's *Policy and Code of Practice for the Conduct of Research with Human Participants*. Approval is for a period of three years from 15 February 2013.

It is your responsibility to ensure that you comply with Anglia Ruskin University's Policy and Code of Practice for Research with Human Participants and specifically:

- The procedure for submitting substantial amendments to the Panel, should there be any changes to your research. You cannot implement these changes until you have received approval from FREP for them.
- The procedure for reporting adverse events and incidents.
- The Data Protection Act (1998) and any other legislation relevant to your research. You must also ensure that you are aware of any emerging legislation relating to your research and make any changes to your study (which you will need to obtain ethical approval for) to comply with this.
- Obtaining any further ethical approval required from the organisation or country (if not carrying out research in the UK) where you will be carrying the research out. Please ensure that you send the FREP Secretary copies of this documentation.
- Any laws of the country where you are carrying the research out (if these conflict with any aspects of the ethical approval given, please notify FREP prior to starting the research).
- Any professional codes of conduct relating to research or research or requirements from your funding body (please note that for externally funded research, a project risk assessment must have been carried out prior to starting the research).
- Notifying the FREP Secretary when your study has ended.

Information about the above can be obtained on our website at:

<http://web.anglia.ac.uk/anet/rdcs/ethics/index.phtml/>

Please also note that your research may be subject to random monitoring by the Panel.

Please be advised that, if your research has not been completed within three years, you will need to apply to our Faculty Research Ethics Panel for an extension of ethics approval prior to the date your approval expires. The procedure for this can also be found on the above website.

Should you have any queries, please do not hesitate to contact me. May I wish you the best of luck with your research.

Yours sincerely

Dr Leslie Gelling

For the Faculty (of Health, Social Care & Education) Research Ethics
Panel

c

Dr Pauline Lane (Supervisor)

Prof. Jenny Secker (Supervisor)

Beverley Pascoe (RESC Secretary)

Appendix II: Participant information for pastors and church leaders (phase 1)

PARTICIPANT INFORMATION FOR PASTORS AND CHURCH LEADERS

Study Title: The role of culture in understanding of mental illness and its treatment among people from Sub-Saharan living in London

1 Who am I?

My name is Geoffrey Amoateng. I am a PhD student studying at Anglia Ruskin University and currently doing this research study for my PhD. My background is a mental health nurse and I now lecture student nurses at the university. I can be contacted on telephone number X or by email X

2 What is this research study about?

This research will try and find out how culture influences the understanding of mental illness and the decisions about where to go for help and treatment by people from Sub-Saharan living in London

3. How can you and your church help or be involved in this study?

I found out from my visit to your church that there are people from many nations in Africa in your congregation and I think your church will be an ideal study site as it would offer me opportunities to speak to, and learn from, people from different nationalities from Sub-Saharan.

4. Who else will be involved in this research study?

There will be no one apart from me. However, as part of support from the university, I will be discussing some of my observations with my supervisors in the university. The name of the lead supervisor is Tim Schafer and his e-mail and telephone contact details are X

5. What I will be doing in the church how long will this study be?

I would like to be part of your church congregation for at least six months and will be attending church regularly during this period. This will give me opportunities to watch and listen to what you do and say, observing and talking and participating in the church activities in order to discover how the church supports and helps people in times of crisis. I am also a Christian and will take part in the services as a member of the congregation.

6. What will be some of the benefits of this research study?

This study will aid understanding of the mental health needs of people from Sub-Saharan migrant communities. It will also help us understand the role of culture in shaping the choices people make when seeking support for their psychological problems. Last but not least it will help to develop a fuller understanding of the role of the church and faith community in influencing the choices people make when seeking help.

7. Why is this important?

Because there seems to be many people who benefit from the local National Health Service (NHS) but for various reasons others find it difficult to use the NHS. This research will seek to find out how the church provides support to individuals with psychological problems and help develop among other things the role of the church and faith community in influencing choices about seeking help among people from Sub-Saharan African backgrounds living in London.

8. Can you refuse to take part or withdraw at any time?

Your church's participation is voluntary and you can withdraw from taking part in this research at any time for any reason and without prejudice. Your church is under no obligation to participate in the study and so if you wish to withdraw from the research or do not want to take part you will be given a consent withdrawal form to complete.

I will not attend all services and will tell the congregation, in advance, which services I will be attending. This gives individuals the choice to attend services when I am either there or not.

9. What is my role?

I am a researcher and my aim is to participate and observe church life for a period of six months by attending services. I will write up notes of what I observe, always endeavouring to maintain confidentiality by not identifying name of individuals that are described. I also intend to take a full part in the churches services and contribute to the Christian community.

10. Are there any risks involved?

There are minimal risks to the church and its congregation as I am only observing and participating in church life. I will be very open with people about my role and will not intrude in, or interfere with the church.

I will not identify the church in any reports about the research and I will not identify any individuals by name. I will offer all members of the church confidentiality. In the unlikely event that I am given sensitive information about serious criminal behaviour, I will discuss my concerns with the church leadership and my supervisors in the university.

11. How will I inform the congregation about the process of the research?

On a regular basis I will contribute to the church newsletter by reporting my research and I will also share my learning with the church at separate meetings for those who are interested.

12. Is there any other aspect to this research?

Yes it is my intention to talk to key individuals about the way the church supports people after the initial six months period of observation and participation. I will contact people individually once this process of six months observation is complete.

13. Is this research approved by the University?

Yes. The research has been approved by the Faculty of Health and Social Care's Research Ethics Panel.

Appendix 3: Participant Information Sheet (P.I.S) for interviewees (phase 2)



Anglia Ruskin
University

Cambridge & Chelmsford

Chelmsford Campus
Bishop Hall Lane
Chelmsford
CM1 1SQ

PARTICIPANT INFORMATION FOR INTERVIEWEES

Study Title: The role of culture in understanding of mental illness and its treatment among people from Sub-Saharan Africa living in London

Who am I?

1. My name is Geoffrey Amoateng. I am a PhD student studying at Anglia Ruskin University and I am currently doing this research study for my PhD. My background is a mental health nurse and I now lecture student nurses at the university. I can be contacted on telephone number _____ or by email at _____

What is this research study about?

2. This research will try and find out how culture influences the understanding of mental illness and the decisions about where to go for help and treatment by people from Sub-Saharan Africa living in London

3. How can you help or be involved in this study?

During my visits to this church in the last six months I have had some interesting conversations with several members of this church and you are one of the key members I would like to have further conversation with in an interview with you. I would be exploring issues we have talked about in more detail as well as new information you would like to tell me. This would offer me opportunities to speak to, and learn more from you.

4. Who else will be involved in this research study?

I am the only researcher conducting this study. However, as part of support from the university, I will be discussing some of my observations with my supervisors in the university. The name of the lead supervisor is [Dr. Pauline Lane and her e-mail and telephone contact details are](#)

5. What would happen in the interview discussions?

The interview will take place in one of the small meeting rooms near the main church hall. It would just be you and me in the room to ensure your privacy and any distractions from other members who will be using the church building at the time. The interview will be in the form of a conversation in which I would just be asking questions about some of the things you





Anglia Ruskin
University

Cambridge & Chelmsford

Chelmsford Campus
Bishop Hall Lane
Chelmsford
CM1 1SQ

T: 0845 271 3333
Int: +44 (0)1245 493131
www.anglia.ac.uk

have already told me about or things that have been mentioned during my previous conversations with you. This will give me more opportunities to listen and learn more about how the church supports and helps people in times of crisis. **It would take a maximum of ninety minutes, depending on how long we need to discuss the topics of interest. If the interview becomes tiring and you would like to take a break please just tell me. We can take as many breaks as necessary. To help me not miss anything you tell me, I will audio record our conversation with your permission. Your participation and identity will not be revealed to anyone.**

6. What will be some of the benefits of this research study?

This study will aid understanding of the **emotional** and **psychological** needs of people from **Sub-Saharan African migrant communities (people from mainly African nations)**. It will also help us understand the role of culture in shaping the choices people make when seeking support for their emotional and psychological problems. Last but not least it will help to develop a fuller understanding of the role of the church and faith community in influencing the choices people make when seeking help.

7. Why is this important?

There are many people who benefit from the local Healthcare Services but for various reasons others find it difficult to use those services. This research will seek to find out how the church provides support to individuals with emotional and psychological problems and help develop among other things the role of the church and faith community in influencing choices about seeking help among people from Sub-Saharan African backgrounds living in London.

8. Can you refuse to take part or withdraw at any time?

Your participation is voluntary and you can withdraw from taking part in this research at any time for any reason and without **prejudice (no one will have any bad feelings about you)**. You are under no obligation to participate in the study and so if you wish to withdraw from the research or do not want to take part all you have to do is to let me know and I will stop the interview. You can also withdraw after the interview has taken place but once the report is written, you will not be able to pull out.

9. Are there any risks involved?

There is a possibility that you could become upset during the interview although I am only talking to you about issues we had previously discussed. I will not identify the church in any reports about the research and I will not identify any individuals by name. I will offer all





Anglia Ruskin
University

Cambridge & Chelmsford

Chelmsford Campus

Bishop Hall Lane
Chelmsford
CM1 1SQ

T: 0845 271 3333
Int: +44 (0)1245 493131
www.anglia.ac.uk

members of the church confidentiality. In the unlikely event that I am given information that gives me cause for concern about the safety of a congregation member or any other person, I will discuss my concerns with you, the church leadership and my supervisors in the university and may have to disclose the information to outside agencies. During the interview it is not compulsory to respond to any questions you may find sensitive and don't feel like answering.

10. Is this research approved by the University?

Yes, the research has been approved by the Faculty of Health, Social Care and Education Research Ethics Panel.



Appendix 4: Interview participant consent form (Phase 2)



Anglia Ruskin
University

Cambridge & Chelmsford

Chelmsford Campus
Bishop Hall Lane
Chelmsford
CM1 1SQ

Interview Participant Consent Form

Title of the project: The role of culture in understanding of mental illness and its treatment among people from Sub-Saharan Africa living in London.

Main investigator and contact details: Geoffrey Amoateng, Faculty of Health, Social Care & Education., 2nd William Harvey Building, Anglia Ruskin University, Chelmsford, Essex, CM1 1SQ.

Email:

Members of the research team: Dr. Pauline Lane First supervisor, Professor. Jenny Secker, second supervisor and Dr. Tim Schafer third supervisor.

I can confirm that this project has received ethical approval from the Faculty Research Ethics Panel at Anglia Ruskin University.

1. I understand that I am free to withdraw from the research at any time, for any reason and without prejudice.
2. I have been informed that the confidentiality of the information I provide will be safeguarded.
3. I am free to ask any questions at any time before and during the study.
4. I have been provided with a copy of this form and the Participant Information Sheet.
5. I agree to be interviewed and give permission for the interview to be recorded in the above research. I have read the Participant Information Sheet which is attached to this form. I understand what my role will be in this research, and all my questions have been answered to my satisfaction.

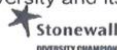
Data Protection: I agree to the University¹ processing personal data which I have supplied. I agree to the processing of such data for any purposes connected with the Research Project as outlined to me*

Name of participant

(print).....Signed.....Date.....

YOU WILL BE GIVEN A COPY OF THIS FORM TO KEEP

¹ "The University" includes Anglia Ruskin University and its partner colleges





Anglia Ruskin
University

Cambridge & Chelmsford

Chelmsford Campus
Bishop Hall Lane
Chelmsford
CM1 1SQ

T: 0845 271 3333
Int: +44 (0)1245 493131
www.anglia.ac.uk

If you wish to withdraw from the research, please complete the form below and return to me at the above address.

Title of Project: The role of culture in understanding of mental illness and its treatment among people from Sub-Saharan Africa living in London.

I WISH TO WITHDRAW FROM THIS STUDY

Signed: _____ Date: _____



Appendix 5: A poster a for Sanctuary Newsletter

HOW DOES CULTURE AFFECT HOW YOU DEAL WITH YOUR HEALTH PROBLEMS?

(PS: For purposes of confidentiality I have deleted a personal photo which was included on this page)

My name is Geoffrey Amoateng and currently undertaking my PhD research study at Anglia Ruskin University.

I am interested in culture and how it influences understanding of mental illness and the decisions people make about where to go for help and treatment.

In the next six months, I will be attending your church both as a member of the congregation and an observer. I will observe how the community provides help and support and would be pleased to listen to any member of the church about this subject.

I would like to speak to every person who is happy to share on this subject and so please feel free to speak to me if you see me around either before and after the church service.

If you want to talk to me about this but don't see me at the services, please contact me by phone or e-mail and we will arrange to meet up.

E-mail address:

Office Telephone Number:

Confidentiality will be respected and I will not identify anyone by name in any reports on the research and I will not identify the real name or location of the church. I will be attending the following services over the next month.

Sunday (Dates to be added once confirmed)

Sunday “

Friday “

Sunday “

Appendix 6: Interview guide-Themed interviews with key informants (phase 2)

Interview Guide

1. Cultural background of interviewee and motivation for attending this church.

- Can you tell me a bit more about which part of Africa you come from and how long you have lived in London?
- Do you know someone in this church who is originally from same country as where you come from?
- How did you hear about this church?
- Can you tell me a bit more about what made you attend/come to this church?
- What do you consider to be the difference between this church and other Pentecostal churches in London?

2. Value of Health beliefs

- You told me a few months ago that you/a family member suffers from a psychological/mental/terminal (cancer) illness. Could you tell me a bit more about that?
- Can you describe to me your understanding of the psychological/mental/terminal (cancer) illness problem experienced by you/your family member?
- Could you tell me a bit more about your experience of the support you/your family member received from your doctor?
- What was the reason why you/your family member asked to be prayed for by the pastor?
- Do you think you/family member's psychological/mental/terminal (cancer) illness problem improved because she was prayed by your pastor?
- When I first spoke to you a few months ago you told me the witchcraft is the cause of your family member's ill health/bareness/ unemployment problem. Could you tell me a bit more about that?
- Could you tell me a bit more about what a witch looks like and why you think he/she is the cause of your family member's psychological problem?
- Can you please tell me a bit more about who this witch/devil is and what role you think he/she plays in making you/your family member ill?
- How does the devil come in people and make them ill?
- Are there different types of devils?
- Can you tell me about your family member's experience of been attacked by the devil.

3 Understanding of healing

- You told me in our previous conversation that your family member received healing and deliverance from the devil after the pastor prayed for him. Can you tell me a bit more about that?

(Probe for understanding of terms used e.g. 'received healing')

(Probe for how the interviewee knows that their member is healed)

- Do you think all people from your culture go for help in the church when they experience a psychological breakdown?
- You said to the congregation that you have been to see a different healer before someone recommended this church. Can you tell me a bit more about that?
- How is that healer different from the pastor of this church? (culturally defined healers)
- Do you know of any other traditional healer that is linked to this church apart from the one you mentioned?
- Do you think everybody gets healed when they come to this church with a problem which is similar to yours?

4. Power and authority of the pastor in healing

- You said that you/your family member was given some medication for her psychological problems but it did not work. Can you tell me a bit more about that?
- Can tell me where you think is the source of your pastor's healing power?
- You told me in our previous conversation that you believe your pastor is a good man of God and has the power to heal. Could you tell me a bit more about that?
- Can you tell me about your experience of you/your family member being prayed by your pastor?
- Some members of the congregation tend to call your pastor 'Daddy' Can you tell me a bit more about why your pastor is sometimes called by that name?

5. Signs and symbolisms

Dressing

I have observed that some members of this church tend to wear African dress. Do you think this helps with healing after they have been prayed for by your pastor?

Food

Can you tell me a bit more about the food shared among members of the congregation in the church hall at the end of each service?

- How important is the sharing of food for you?
(Probe for reasons)

Oil

- I have observed that the pastor sometimes rubs oil on the forehead of the congregation during the healing sessions. Can you tell me a bit more about that?

Probe for the healing power of oil for psychological problems if not covered

Probe for unique properties of oil if not covered

Screaming/shouting, Jumping and clapping of hands

- Can you tell me a bit more about why pastor and some members of the congregation tend to shout very loud and jump up and down when the pastor is preaching?
- There are often a lot of hands clapping during the service. Do you think that helps members of the congregation who attend the service because of healing?

Rolling on the floor during healing services

- Can tell me a bit more about why some members of the congregation tend to roll on the church floor in front of the congregation after the pastor prayed and laid his hands on their head?

If relevant probe for interviewee's personal experience of this

6. Community Services

- I have heard it announced several times in the church, that if anyone wants financial and immigration advice they should speak to the church Administrator. Can you tell me a bit more about that?
- Can you tell me what other support services are available for members of this church?

7. Women in church leadership

- I have observed that two women usually sit in front on the platform with the other leaders of the church. Can you tell me a bit more about their role in the church?

Closing the interview

Is there anything else you would like to explain to me about healing in the church that we haven't discussed?

Thank you very much for your time, it has been very interesting to talk about things with you.

Appendix 7: A table showing interview participants with characteristics and names anonymised (phase 2)

Participant name	Characteristics	Relationship to church
Bibi	Middle aged woman with bright red hair. Showed loyalty and honesty in her role.	An Usher and a regular attendee
Solomon	Muscular, tall and very friendly, showed some sincerity and persistence in his attendance	Regular attendee
Felicity	A dark coffee complexion with a gleaming warm smile. A woman of integrity showed consideration and determination.	Regular attendee
Clara	A petit naturally beautiful woman Showed kindness and patience	Regular attendee
Mrs. Nwanga	An elderly woman who showed consideration and faithfulness	Regular attendee
Mrs Dako	a tall young lady showed kindness	Regular attendee
Mr Tandi	A medium built middle-aged man. Patient and educated	Regular attendee
Georgina	A tall woman between fifty and sixty year's old showed kindness.	Regular attendee
Joseph	A tall slender-built middle-aged man very talkative and frank	Regular Attendee
Mr Pipi	A shy looking married man. Showed determination	Occasional attendee
Johanna	A young woman of about thirty years of age. Well respected. Showed patience..	Occasional attendee

Appendix 8: Table showing nations in Sub-Saharan

Angola	Côte d'Ivoire	Madagascar	Seychelles
Benin	Djibouti	Malawi	Sierra Leone
Botswana	Equatorial Guinea	Mali	Somalia
Burkina Faso	Eritrea	Mauritania	South Africa
Burundi	Ethiopia	Mauritius	Sudan
Cameroon	Gabon	Mozambique	Swaziland
Cape Verde	The Gambia	Namibia	Tanzania
Central African Republic	Ghana	Niger	Togo
Chad	Guinea	Nigeria	Uganda
Comoros	Guinea-Bissau	Réunion	Western Sahara
Congo (Brazzaville)	Kenya	Rwanda	Zambia
Congo (Democratic Republic)	Lesotho	Sao Tome and Principe	Zimbabwe
	Liberia	Senegal	

Source: The Royal Society- Department for International Development (DFID) Africa capacity Building Initiative, 2012.